

# Nottingham & Nottinghamshire Covid-19 Response Care Homes and Home Care Toolkit

The Toolkit provides an overview of key areas care home and homecare staff should be familiar with. It is intended to be used as an electronic quick reference guide suitable for use with **adults** in receipt of care provision.

Updated Government Guidance

The COVID-19 Vaccine

Managing Admissions and Discharges

PPE

Infection Prevention Control

Visitors to care home settings

Home Leave and Visits for Younger Adults

Testing and Swabbing

Test and Trace

Recognising and Responding to Deterioration

Medication and Symptom Management

End of life Care and Management

Death Verification

Essential Contacts

System Support Pathways

# Updated Government Guidance



**The below links will direct you to the latest government guidance updates**

## Testing

[Coronavirus \(COVID-19\) lateral flow testing of visitors in care homes](#) Updates include : Removed 5 attachments: 'Care home LFD testing of visitors guidance', 'Visitor testing guidance pack', 'Care home LFD testing of visitors guidance', 'Visitor testing guidance pack' and 'Letter to care home visitors – LFT testing'

[Supported living services during coronavirus \(COVID-19\)](#) - Updated to reflect that if you have had close contact with someone who has COVID-19, you must self-isolate for 10 days. For people in supported living arrangements, this 10-day period should increase to 14 days based on a risk assessment if the setting is considered high risk.

[Supported living services during coronavirus \(COVID-19\)](#) – updated to include new information document titled “ working with people in supported living this winter”

## IPC

[Overview of adult social care guidance on coronavirus \(COVID-19\)](#) – updated to include the length of time that staff or residents who have been diagnosed with COVID-19 should not be included in testing – to 90 days after either their initial onset of symptoms or their positive test result (if they were asymptomatic when tested).

[COVID-19: management of staff and exposed patients or residents in health and social care settings](#) . Update includes new guidance for care homes re not testing previously positive cases even on LFTs

## Visiting

[Visiting arrangements in care homes](#). Visits out of care homes - GOV.UK (www.gov.uk)

[Restricting Workforce movements between care homes and other care settings](#) Updated guidance on retesting within 90 days of a previous positive test in the 'further guidance on testing' section.

## Vaccination

Stakeholder\_QA\_Vaccination\_as\_a\_condition\_of\_deployment\_in\_care\_homes.pdf (mcusercontent.com)

# The COVID-19 Vaccine

## Coronavirus (COVID-19) vaccine -see page 2 for 2nd dose update

Regulations have now been laid before parliament that require all care home staff in any CQC registered Care Home to be fully vaccinated. This will apply to all staff employed by the care home (regardless of working hours), agency staff, volunteers and those entering the home to complete work who are employed elsewhere (unless exempt). A link to Stakeholder Q and A from the DHSC can be found on page 4 of the document.

## How safe is the COVID-19 vaccine?

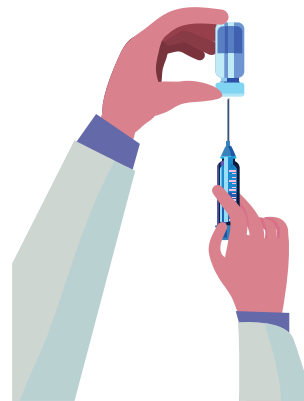
Two vaccines are currently being used in the UK – the Pfizer-BioNTech vaccine and the Oxford-AstraZeneca vaccine. A third from Moderna has also been approved for use.

All of the vaccines have been shown to stop people from becoming seriously ill and dying and have met strict standards for safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA).

Monitoring of the impact of the vaccines as well as side effects and long-term risks continue after the vaccine is approved to make sure that the benefit of the vaccine outweighs any side effects. The MHRA advice is that the benefit of the vaccine in preventing COVID-19, which can result in hospitalisation and death, far outweigh the risk of side effects.

So far, millions of people have been given a COVID-19 vaccine and reports of serious side effects, such as allergic reactions, have been very rare. No long-term complications have been reported.

**It is essential that staff continue to adhere to social distancing and Infection Prevention and Control Guidance once they have had the vaccine.**



## How effective is the COVID-19 vaccine?

The first dose of the COVID-19 gives good protection from coronavirus but you will need 2 doses of the vaccines to give you long lasting protection.

There is a small chance you might still get coronavirus even if you have the vaccine but the vaccine will reduce the risk of you becoming seriously ill. It is not yet clear if vaccination will stop you from passing it to someone else, so it is important to continue to follow social distancing, infection prevention and control guidance and PPE guidance.

## Can you catch COVID-19 from the vaccine?

You cannot catch COVID-19 from the vaccine. You could have COVID and not realise you have the symptoms until after your vaccination appointment though.

## Covid Symptoms

People with COVID-19 now are reporting a wide range of symptoms. People with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhoea

If you have the symptoms above, stay at home and arrange to have a test.

## Consent

Consent must be obtained from every person or a person's attorney of care prior to the vaccination being given.

Please see below vaccine consent forms for Care home staff and residents

[Covid Vaccination Consent form for Care Home Residents](#)

[COVID-19 vaccination: consent form and letter for social care staff](#)

[COVID-19 vaccination consent form for care home residents – attorney of a care home resident](#)

Vaccination Clinics specifically for Black African, Caribbean and Black British communities. The clinics can be accessed by booking on via the following link: <https://www.swiftqueue.co.uk/nottinghamc19vaccv.php>

# Managing admissions and discharges

Do not admit any person to your care home during an outbreak without contacting your local authority or CCG for practical support  
Email the IPC teams: Nottinghamshire County - NNCCG.IPC@nhs.net or Nottingham City ncp.ipct@nhs.net and they will call you back in office hours  
NEVER PUT EXISTING RESIDENTS AT RISK THROUGH ADMISSIONS  
If you cannot safely admit refer to the local authority for alternative accommodation for the isolation period

## Understanding what to do with results

**NEGATIVE PRIOR TO DISCHARGE OR ADMISSION**  
Isolate for 14 days to be sure in case becomes positive as only accurate on day of test  
**POSITIVE RESULT AND COMPLETED 14 DAYS ISOLATION BEFORE ADMISSION**  
No further isolation required  
**POSITIVE RESULT (WITH OR WITHOUT SYMPTOMS) BUT NO ISOLATION BEFORE ADMISSION**  
Isolate for 14 days FROM THE DATE OF THE TEST (if 10 days have already been completed in hospital the remaining 4 must be in self isolation when discharged)

You may need to create dedicated zones for residents who explore, so that they don't feel trapped



ASK FOR HELP -  
CONTACT PHE, IPC  
OR HOMES WHICH  
HAVE DONE THIS, WE  
ARE ALL HERE TO  
HELP



Don't cohort residents in red and amber next to extremely vulnerable immunosuppressed residents

[Click here for Care Homes Strategy for Infection Prevention & Control of Covid-19 Based on Clear Delineation of Risk Zones](#)

# Cohorting and Zoning



If you have several people who are symptomatic you may consider if you can rearrange which rooms people are in to contain the spread and keep people safe  
  
This can seem scary as it does disrupt the usual flow of the home and people may have to be moved out of their usual rooms. RISK ASSESS - if you cannot manage it in individual rooms this is the best way to keep people safe. You can do it!

## Aim to create distinct areas

-  RESIDENTS WHO ARE NOT SYMPTOMATIC AND HAVE HAD A NEGATIVE TEST
-  RESIDENTS WHO ARE SYMPTOMATIC EVEN IF THEY HAVE HAD A NEGATIVE TEST
-  RESIDENTS WHO HAVE A POSITIVE RESULT. YOU MAY NEED TO CREATE A 'WARD' OR USE ROOMS FOR MULTI OCCUPANCY

## Further guidance

Update from Adass on cohorting , zoning and isolation practice - access it [here](#)

- <https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>
- <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>
- <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes>

Always wear  
a fluid  
repellent  
surgical  
mask



# Recommended use of Personal Protective Equipment [PPE] \*\*

## All Care (Domestic and Personal)

### 1. Disposable Gloves (Vinyl or Nitrate)

### 2. Disposable Plastic Apron (for all duties)

### 3. Masks:

- Type IIR mask (fluid repellent surgical mask):

A new type II R mask must be used after giving direct personal care to each resident unless the resident has tested negative for COVID-19 and does not have respiratory symptoms in which case the mask can be used sessionally.

A type IIR should also be worn where there is any risk of contact with bodily fluids or secretions or splashing onto your clothing).

- Type I or II mask

When within AND more than 2 metres from a resident and NOT delivering personal care e.g. working in communal areas, undertaking group activities (A Type I or II mask can be worn sessionally while undertaking domestic duties.

- Masks that are worn sessionally can be worn up to 4 hours unless they become damp, soiled or uncomfortable.

### 4. Eye Protection

Where there is a risk of contact with bodily fluids or the resident has had a positive COVID-19 test within 14 days or is isolating as they may have been a contact of someone with COVID-19

**For AGPs, IPC recommend an FFP 3 (filtered face piece/hood)**

**\*\* Always check the latest guidance at GOV.UK for the latest PPE guidance**

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>

## Putting PPE on & taking it off – Safe Practice

- The risk of infection transmission increases when used PPE is handled (especially face masks).
- There is a safe way of applying and removing PPE.
- Please see videos at: [here](#) & [https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w) [https://youtu.be/kKz\\_vNGsNhC](https://youtu.be/kKz_vNGsNhC)

Please note that this guidance is of a general nature, employers should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974 and should **ALWAYS** check the latest guidance at **GOV.uk** which is changing very frequently.

**It is essential that social distancing and full PPE guidelines are adhered to even after you have received the Covid Vaccination**

**Covid-19 vaccination is not 100% protective. It remains essential that social distancing and the correct use of appropriate PPE is followed even if you do not have any COVID-19 positive cases at your service.**

**Exemptions on wearing face coverings in public are covered by regulations that DO NOT apply to care settings.**

## Emergency access to PPE supplies

Call the customer service team on 0800 876 6802 if you have any questions about using the PPE portal. The team is available from 7am to 7pm, 7 days a week, to help resolve your queries.

Or contact [ppe@nottscg.gov.uk](mailto:ppe@nottscg.gov.uk) if you would like more information about this offer.

PPE is only effective when combined with good hand hygiene, good respiratory hygiene and effective infection control practice. **Only approved PPE should be worn.**

**PPE is different to 'Face Coverings' - homemade fabric masks are NOT approved for use at work as they are not fluid repellent.**



# Infection Prevention and Control

There is an increased risk of COVID outbreaks when staff work across multiple sites - please access the governments new winter plan for information regarding plans to manage this - [Access Here](#)

- Do not admit a person to your care home during an outbreak without seeking IPC advice
- To report an outbreak, contact Public Health England on **0344 2254524**. You can contact your LA/CCG for practical support about what to do next/how to manage, support with risk assessment etc. Email the IPC teams: Nottinghamshire County - [NNCCG.IPC@nhs.net](mailto:NNCCG.IPC@nhs.net) or Nottingham City [ncp.ipct@nhs.net](mailto:ncp.ipct@nhs.net) and they will call you back in office hours.

## Getting to work

- **Do not** come into work if you have symptoms. If you are symptomatic or have had a positive test result you must now self isolate for 10 days. See the [guidance here](#)
- If using a car to get to work – use antibacterial spray/wipes for high risk areas before and after travel
- Come to work in clean clothes with a clean uniform to change into and a separate outer coat/clothes and work shoes OR Come to work in a clean uniform and bring a clean change of clothes for the end of shift in a clean disposable bag. Bring disposable bag to store uniform at the end of the shift
- Avoid car sharing if at all possible, if you must share a car to get to work ensure full PPE is worn and windows are open to improve ventilation . Sanitisation of hands and all surfaces must be completed frequently
- Use hand sanitiser 70% alcohol when you leave your vehicle

## On arrival at your base

- If agreed with your manager, complete your LFD test prior to leaving for work. If positive, don't go to work and arrange with your manager to complete a PCR test. Otherwise the LFD test must be done on arrival in line with guidance
- Check your temperature, only commence work if your temperature is OK
- Wash your hands for at least 20 seconds using soap and water, use
- disposable towels to dry your hands well.
- **Social distancing must be maintained during break times and on getting to and from work.**

## At the end of your shift

- Appropriate use of PPE may protect clothes from contamination, but staff should change out of work clothes before travelling home. Work clothes should be washed separately, in accordance with the manufacturer's instructions.
- Remove uniform and place in disposable bag to take home or use the care home laundry service
- Wash hands before leaving
- If you are unable to change before leaving your place of work ensure your uniform is covered by an outer coat

## On arrival home

- If you used your own car before entering home disinfect the vehicle thoroughly e.g. seat belts and all fixtures inside and outside the car that have been touched
- Place all clothes or uniform straight into the washing machine and wash at the highest temperature for the material
- Wash hands then shower/bath

## Hand washing is key!

Wash your hands **before, during and after** all contact with individuals for a minimum of 20 seconds using soap and water. You must wash you hands:

- Before leaving home
- On arrival at work
- When removing PPE in between caring for each residents
- When changing PPE for different personal care tasks with the same resident
- After using the toilet
- After breaks and activities
- Before food preparation
- Before eating any food, including snacks
- Before leaving work
- On arrival at home
- Hand sanitiser is effective when it contains 70% alcohol or where it states virucidal effective

Hand washing technique guidance is accessible [here](#)

<https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>



## General infection prevention and control principles

- Avoid touching your face
- All waste should be disposed of into the waste bin in the residents room as all waste produced in the room is classed as infectious.
- **Orange** infectious waste bags should be used ideally. If not available **yellow** clinical waste bags or **black** household waste bags (in a home care setting) can be used but should be set aside for 72 hours, alternatively full waste bags should be double bagged and put into an external bin that is kept locked at all times.
- Laundry – use usual detergents, wash infected [suspected or confirmed] items separately from others laundry using a soluble linen bag see guidance [here](#)
- Increase general cleaning. It is estimated that viable virus could be present for up to 5 days but less so on soft furnishings. Ensuring that areas are kept as clutter free as possible will aid effective surface cleansing. Items such as magazines should be single person use only.
- Clean and disinfect regularly touched objects and surfaces using your regular cleaning products to reduce the risk of passing the infection on to other people.\*

\*Method: 1. detergent and water followed by a bleach based product diluted to a strength of 1000ppm, ensuring the correct contact times are adhered to 2. a combined detergent and sodium hypochlorite product diluted to a strength of 1000ppm, ensuring the correct contact times are adhered to.



# Visitors to care home settings

## Visits into Care Homes

- Visitors do not need to have been vaccinated before visiting residents. However, they are recommended to take up the opportunity to do so.
- Any indoor visitors will need to take a LFT test and test negative before every visit.
- All visitors should wear the appropriate PPE, maintain social distancing and follow all other infection prevention and control measures during visits.
- Every care home resident can have 'named visitors' who will be able to enter the care home for regular visits. There is no limit on the number of 'named visitors' that a single resident can have and no nationally set limit on the number who can visit in a single day. However, These should remain unchanged, within reason.
- every care home resident can choose to nominate an essential care giver who may visit the home to attend to essential care needs. The essential care giver should be enabled to visit in all circumstances, including if the care home is in outbreak (but not if the essential care giver or resident are COVID-positive)
- named visitors and residents are advised to keep physical contact to a minimum (excluding essential care givers). 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
- care homes can also continue to offer visits to friends or family members through arrangements such as outdoor visiting, rooms with substantial screens, visiting pods, or from behind windows.
- Visitors should wear appropriate PPE as laid out in the guidance.

**In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life – and for essential care givers)**

## Visits Out of care Homes

As vaccine coverage increases, there are still risks involved in visits out. It's important that care homes, residents, family and friends take steps to manage and mitigate these risks

Individual risk assessments for visits out should be undertaken

Those taking residents out of the care home must also continue to adhere to national guidance generally e.g. the rule of 6 or two households etc



## Who can I contact if I have questions?

If you have queries related to infection prevention control procedures for visitors then please contact your local IPC team.

Email the IPC teams: Nottinghamshire County - [NNCCG.IPC@nhs.net](mailto:NNCCG.IPC@nhs.net) or [Nottingham City ncp.ipct@nhs.net](mailto:ncp.ipct@nhs.net) and they will call you back in office hours or PHE out of hours tel [03442254524](tel:03442254524)

Queries related to the advice of the Director's of Public Health can be addressed to Nottinghamshire County Council ([Coronavirusph@nottsc.gov.uk](mailto:Coronavirusph@nottsc.gov.uk) or [Nottingham City Council \(coronavirusqueries@nottinghamcity.gov.uk\)](mailto:coronavirusqueries@nottinghamcity.gov.uk)).

## Risk Assessment Required

Providers are required to develop a dynamic risk assessment to help them decide how to provide the visiting opportunities in a way that takes account of the individual needs of their residents, and the physical and other features unique to the care home. This assessment should refer to that guidance and all available advice, has been completed. It should clearly identify what has been considered and what mitigating actions have been taken. Providers should check with their insurance providers as to any implications regarding local and national guidance to ensure adequate cover.

Care home managers are best placed to design individual visiting arrangements that take account the needs of their residents and and the layout and facilities to help determine:

- The rooms in which visiting will happen, where and how visitors might be received on arrival at the home to avoid mingling with other visitors, staff or residents etc.
- How the testing arrangements will operate
- The precautions that will be taken to prevent infection during visits (including PPE use, social distancing and hand washing).

In all cases, it is essential that visiting is based on robust Infection Prevention and Control (IPC) measures, including hand hygiene and use of Personal Protective Equipment (PPE).

### National Government Guidance

- [Government guidance for visiting arrangements in care homes](#)
- [Coronavirus \(COVID-19\) lateral flow testing in adult social care settings](#)
- [Arrangements for visiting out of the care home](#)

## Guidance on Home Leave & Visits for Younger Adults in Residential Settings

The Council has received several queries from younger adults settings, where residents have established arrangements for regular contact with their families through home leave and visits. There are also some individuals that spend up to 50% of their time between the family home and residential setting.

This visiting situation for younger adults in residential settings has different considerations to those of older people care homes or those living independently. The latest lockdown guidance does not support meeting others in indoor settings. As these individuals do not live alone and are not children, they may not meet the criteria to apply the rules around support bubbles or child contact with parents who live apart.

The situation is further complicated as residents predominantly have a learning or physical disability where there are individual needs to be addressed. For this reason, Public Health and Adult Social Care deem this to fall outside the scope of the existing national guidance.

There is a well-reasoned argument that many of these individuals would suffer severe detrimental effects on their emotional and mental wellbeing by removing the contact with families and imposed changes to their routine. Many have challenging behaviour which is already causing harm and distress to themselves, their carers and families.



### Proposed Guidance:

Following review of national coronavirus guidance, Nottinghamshire County Council recommend home leave and visits for younger adults in residential settings be supported in specific circumstances according to individual assessment of risk and benefits.

A formal risk assessment should be carried out for each individual, based on the specific care requirements, emotional and mental health needs to reach a best interest decision. The decision should be made by a Multi-Disciplinary Team with consideration to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Where a risk assessment identifies that the risk to mental health and wellbeing outweighs the risk of COVID transition, home leave and visits may continue with due regard to the following principles:

- Where possible visits should be carried out outside
- Home leave and visits should follow the guidance around support bubbles
- Assessment should include assessment of the risk to other individuals in the visiting bubble
- Adherence to social distancing, face coverings and hand hygiene should be followed and close contact interaction should be minimised
- Personal Protective Equipment should be available to protect individuals involved in the visit
- Testing arrangements using Lateral Flow Device Test should be in place before and after the visit for family members and service users

### During an outbreak:

All home visits and leave should be stopped in the event of an outbreak unless there are exceptional circumstances e.g. end of life. In very complex cases, where there is a high risk to someone's mental health or significant threat to their life i.e. increased cases of self-harm, a full risk assessment should be completed as above. This should also take account of the safety of other residents and staff in these circumstances, including ability to self-isolate following return.



# During the Visit

Following risk assessment, some of the arrangements that providers make may well include visitors using the grounds and layout of the care home in a different way to usual (for example, entering the garden or grounds through a different entrance or sitting/standing in outdoor spaces not usually used in that way).

- Appropriate PPE must be used throughout the visit.
- Visitors should limit contact with residents and staff, and maintain as much distance as possible during the visit, and around the care home building and grounds
- Visits should happen in the open air wherever possible (this might include under a cover such as an awning, gazebo or open-sided marquee).
- Temporary outdoor structures can be used, sometimes referred to as ‘visiting pods’, which are enclosed to some degree but are still outside the main building of the home.
- Where this is not possible, a dedicated room (wherever possible, a room that can be entered directly from outside) can be used.
- Care homes are best placed to decide how often and for how long it is possible for visitors to come into the home.
- This is likely to be determined by practical considerations such as the layout of the home, and the numbers of residents and families who wish to have visits. In practice this is likely to mean that the frequency of visits is limited by setting-specific constraints.
- High quality infection prevention and control practice must be maintained throughout the visit.
- It is recommended that the care home has a simple booking or appointments system to enable visits. Ad hoc or unannounced visits may not be possible.
- When indoors, visits should take place in a well-ventilated room, for example with windows and doors open where it is safe to do so.
- Providers should consider the use of designated visiting rooms, which are only used by one resident and their visitors at a time and are subject to regular enhanced cleaning and ventilation between visits.
- Any areas used by visitors should be decontaminated several times throughout the day and providers should avoid clutter to aid cleaning.



# Covid-19 Testing/swabbing Nottingham and Nottinghamshire



## How will testing/swabbing work in Nottingham and Nottinghamshire?

The planned local approach to the coordination of care home testing is set out below;

- The Local Resilience Forum (LRF) Testing Cell, in collaboration with the Care Home Cell, has developed a supportive approach for Care Homes
- This ensures we can facilitate local co-ordination support throughout the whole testing process, whilst flexing to accommodate the national policy guidance

The approach is underpinned by the need bring clarity for care homes on;

- routes to testing - support for testing - follow up support

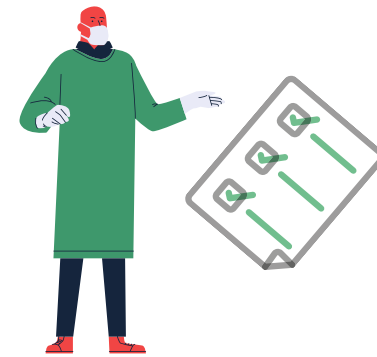
For all enquiries or support, please contact;

Nottingham and Nottinghamshire Testing Coordination Centre:

Coordination Centre open 8am to 6pm on

**0115 883 111**

Email - [nnccg.Covid19-testingcell@nhs.net](mailto:nnccg.Covid19-testingcell@nhs.net)



## What to do if you have a suspected positive COVID-19 resident

**If you are a Care Home Manager and you have a symptomatic resident please follow the process below:**

- Call **0115 883 111** – Testing Coordination Centre
- Confirm your staff and resident numbers
- The Testing Coordination Centre will access the digital portal and book swabs for your home
- You will be offered infection prevention and control support immediately
- Including support from the Care Home Swabbing team.
- When your swabs are completed, your swabs will be sent to the local laboratory for testing
- The Care Home Manager will receive the test outcomes directly within 72 hours, and must communicate these to the Testing Coordination Centre
- If the test results include a positive, you must inform the GP and PHE, the Infection Prevention & Control teams, alongside the Enhanced Care Home Support teams, will mobilise immediately to provide you with an increased support offer

## Regular retesting for care home staff and residents

Care home staff can be tested every week and residents monthly to identify anyone with the virus and reduce transmission. Repeat testing will be initially prioritised for care homes primarily looking after over 65s or those with dementia before being rolled out to all adult care homes.

The government's Vivaldi 1 care home study highlights the importance of regular staff testing while there is a higher prevalence in care homes. An information fact sheet can be accessed [here](#).

Care homes should register for retesting [here](https://www.gov.uk/apply-coronavirus-test-carehome) <https://www.gov.uk/apply-coronavirus-test-carehome>, as soon as possible. Note even if you previously registered for whole home testing when it was first made available, you will need to re-register on the portal in order to receive regular retesting.

How to carry out testing on staff and residents can be found here - [Staff](#) & [Residents](#).

For more information on whole home testing [click here](#).

There is a retest exemption period of 90 days for a person who has a previous positive covid test result [click here](#) for more information

## Coronavirus (COVID-19) testing for homecare workers

- Government guidance has set out how homecare agencies in England can order regular tests for their homecare (domiciliary care) staff.
- This is available here : [A testing service for homecare workers in England](#)

## Staffing support offer - How to access a Relief Workforce

The email address you will use is [sfh-tr.temporary.staffingoffice@nhs.net](mailto:sfh-tr.temporary.staffingoffice@nhs.net) to request emergency staffing a minimum of 24 hours before shift cover is required. You will need to provide the following details:

Name of care home, Date of shift, Day or Night Shift (SFH will supply 12 hour shifts only),

Type of staff (carer or trained nurse), Proof of indemnity cover e.g. a scan of level of insurance cover and dates, Name of the manager and confirmation they will pay the invoice within 30 days

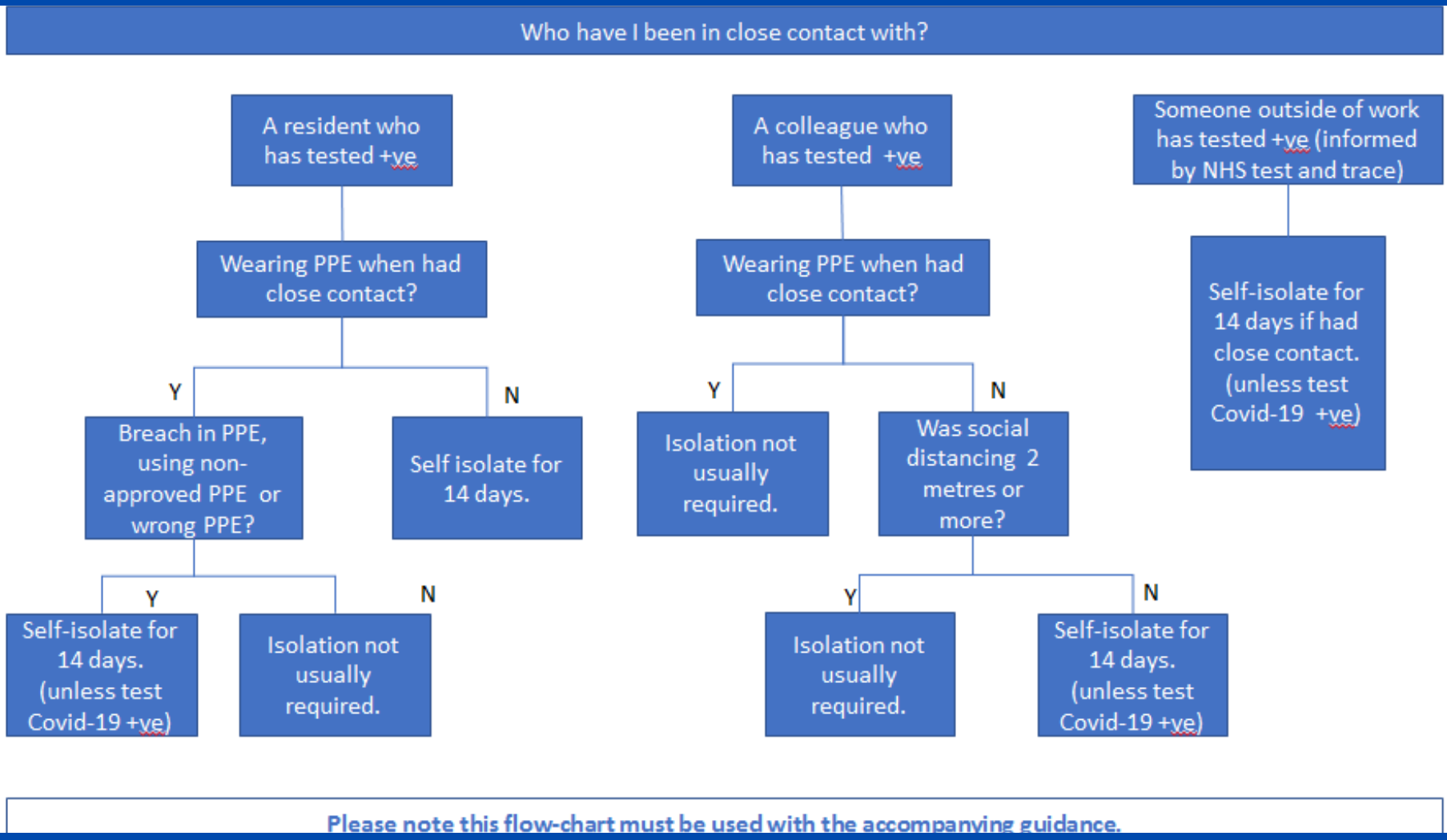
If a health or social care worker is considered to be a contact, and the recommendation for them to self-isolate would have implications for the provision of the service, their employer will need to escalate this for a risk- assessment to a Tier 1 contact tracer at the local Health Protection Team (HPT). link [here](#)

# Test and Trace

The NHS test and trace service helps trace close recent contacts of anyone who tests positive for Covid-19 and if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.



The PHE Health Protection team can be contacted on 0344 225 4524



Care home and homecare workers should follow the same advice as the general public apart from the exceptions noted on the right. Anyone who has had close contact with someone who tests positive for Covid-19 will be expected to isolate themselves for 10 days from either being into close contact with someone who has tested positive or 10 days from developing symptoms of Covid-19. **See guidance [here](#)**

- ‘Close contact’ occurs in a number of circumstances including:
- When you have skin-to-skin physical contact with someone with confirmed covid-19
  - When you have face-to-face contact within one metre of someone with confirmed covid-19 e.g. face to face conversation
  - When you are within one metre of someone with confirmed covid-19 for one minute or longer without face-to-face contact
  - When you spend more than 15 minutes within two metres of someone with confirmed covid-19
  - When you have cleaned a personal or communal area of the home of someone with confirmed covid-19, the first time the cleaning occurs

## There are two exceptions to this guidance that apply to health and social care staff.

NHS test and trace work to identify the close contacts of a person who tests positive; where positive results involve those working in a health or social care setting, the NHS test and trace service may refer the case to Public Health England (PHE) who then provide guidance to the health or social care setting.

### 1. What if I have had close contact with a resident /service user who has tested positive for COVID-19?

- I was wearing PPE:  
If a staff member has been caring for a Covid-19 positive resident/service user and appropriate PPE has been worn, this contact will need to be risk assessed by the manager with advice from PHE. This is unlikely to be considered a ‘close contact’ and the staff member can return to work.
- I was not wearing PPE or had a PPE breach:  
If a staff member has been caring for a Covid-19 resident/service user and they were not wearing PPE or there was a breach in PPE this contact will need to be assessed by the manager with advice from PHE. It is likely that this would be considered a ‘close contact’ and self- isolation guidance would apply.

### 2. What if I have had close contact with a colleague at work who has tested positive for COVID-19?

If a staff member has had close contact at work with a co-member who has been confirmed Covid-19 positive, this contact will need to be risk assessed by the manager with guidance from PHE.

- I was wearing PPE whilst the contact was made and/or we have been maintaining social distancing (including on breaks): it is unlikely to be considered a ‘close contact’ and the staff member can return to work.
- I was not wearing PPE whilst the contact was made and social distancing was not followed: if contact was close or made for over 15 minutes when masks were removed and social distancing was not applied, then it is likely that this would be considered a ‘close contact’ and self-isolation guidance would apply.



## Test and Trace Continued...

**What happens if, once risk assessed, I need to self-isolate as a contact?**

It is important that anyone identified as a close contact self-isolates.

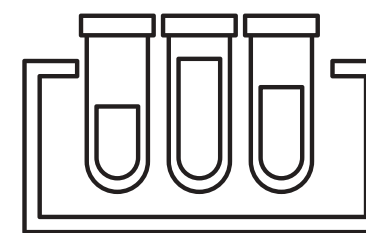
Asymptomatic contacts may be offered a test for Covid-19 if there is a clinical need to do so. Clinical need would be agreed in partnership with PHE and the manager.

- If the test is negative the 10-day self-isolation period must still be completed. This is because you may have the virus, but it cannot be detected by a test yet.
- If the test is positive then the staff member must self-isolate and may return to work after TEN days, providing they are well and have not had a fever for 48 hours. If asymptomatic when tested but symptoms later appear (within the 10 days) the 10 day isolation will need to start over from day 1 of symptoms.
- Staff and residents who have previously tested positive for COVID-19 should be exempt from re-testing within a period of 6 weeks unless they develop new symptoms, in which case they will need retesting. Those who are tested after 6 weeks from their initial test or illness onset and are still found to be positive, this could be due to a persistently positive test associated with the original infection, rather than a new infection as the virus can remain for some time following infection. If they have developed new possible after 6 weeks, they would need to isolate again.

### Published guidance

- [Management of exposed healthcare workers and patients in hospital settings](#)
- [Guidance for contacts of people with possible or confirmed Covid-19 infection who do not live with the person](#)
- [Test and trace: how it works](#)

**Social distancing must be maintained during break times and getting to and from work.**



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### Lateral Flow Device ( LFDs)

Lateral flow devices have been approved by the Department of Health and Social Care for self testing. This means that care home staff can now test themselves and register their twice weekly LFD tests from home before they come to the care home to start work. This only applies to care home settings currently. There is provision for care staff to order up to 25 LFDs to use at home and these can be ordered via the [online replenishment portal which can be accessed here](#). There is also self testing guidance available [here](#)

It is a legal requirement that All LFD tests both positive and negative must be registered

[Click here to register LFD results](#)

- Tests should be collected between 10 am and 4pm , if your test is not collected contact [COVIDCareHomeTesting@dhse.gov.uk](mailto:COVIDCareHomeTesting@dhse.gov.uk)
- or call 0300 303 713

### What does a breach in PPE mean?

This may be non-approved PPE such as fabric masks, PPE that was damaged during use, or where there was a breach in PPE while providing personal care. Examples that are unlikely to be considered breaches include if a health or social care worker was not wearing gloves for a short period of time or their gloves

tore, and they washed their hands immediately, or if their apron tore while caring for a resident/service user and this was replaced promptly.

Risk assessment for assessing a PPE breach is outlined within government guidance available in section 6 [here](#).

## Staffing Concerns following Test and Trace;

### How to access the Relief Workforce – Process updated

The email address you will use is [sfh-tr.temporary.staffingoffice@nhs.net](mailto:sfh-tr.temporary.staffingoffice@nhs.net) to request emergency staffing a minimum of 24 hours before shift cover is required.

You will need to provide the following details:

Name of care home

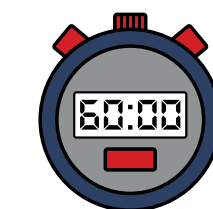
Date of shift

Day or night shift (SFH will supply 12 hour shifts only)

Type of staff (carer or trained nurse)

Proof of indemnity cover e.g. a scan of level of insurance cover and dates

Name of the manager and confirmation they will pay the invoice within 30 days



# Recognising and Responding to Deterioration

RESTORE2™ and RESTORE2Mini™ are the accredited tools of choice to identify deterioration in those that require additional care in care homes or from home care providers across the Nottingham ICS. Free training for providers to use and adopt this tool is available via the training hub.

RESTORE2 can help you and your staff to spot deterioration of both non-COVID and COVID-19 related illness ([Admission and Care of Residents in a Care Home during COVID-19, Version 2, Updated 2 September 2020](#)) and act to decrease avoidable hospital admissions.

RESTORE2 uses three tools (Soft Signs, NEWS2 and SBARD) which when used in unison create a robust process for early identification of the signs of deterioration and appropriate and timely escalating (if required).

Assess twice daily for a high temperature (37.8°C or above), a cough and softer signs i.e. being short of breath, being not as alert, having a new onset of confusion, being off food, having reduced fluid intake, diarrhoea or vomiting.

A NEWS2 score will indicate an appropriate level and frequency of monitoring required as documented in RESTORE2 booklets. If care staff feel that the person needs more frequent monitoring this is welcomed, however the frequency of monitoring should never be less than recommended within RESTORE2 guidelines.

## All Care Homes

Assess twice daily for a high temperature (37.8°C or above), a cough and softer signs i.e. being short of breath, being not as alert, having a new onset of confusion, being off food, having reduced fluid intake, diarrhoea or vomiting. [Admission and Care of Residents in a Care Home during COVID19](#)

Where possible, care home staff should be trained to measure other vital signs including blood pressure, heart rate, pulse oximetry, respiratory rate level of consciousness and new confusion to monitor for deterioration of ANY cause. These observations make up a NEWS2 score used in the RESTORE2 tool. Training videos can be found [here](#)

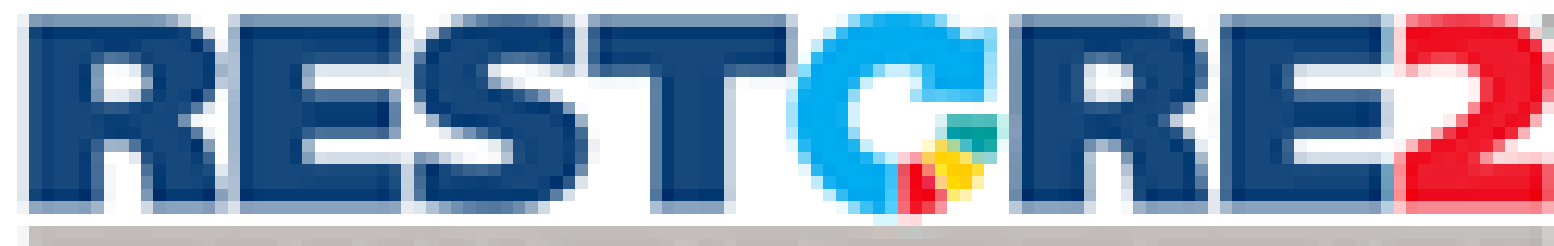
A NEWS2 score will indicate an appropriate level and frequency of monitoring required as documented in RESTORE2 booklets. If care staff feel that the person needs more frequent monitoring this is welcomed, however the frequency of monitoring should never be less than recommended within RESTORE2 guidelines. Note that symptoms can be vague, it could be a general deterioration – a new fall, a headache etc. All should be treated as possible COVID and the resident isolated for 14 days and a request for testing made.

As symptoms can often present atypically or vague any other signs of concern for additional support contact

Call for Care - 01623 681691 or Citycare Mon-Fri 8am-6pm - 0115 8834863.  
Weekend & Bank Holiday 8am-6pm 0782782346.

Evening and night service 0115 8838151 or 0115 8838152- for support/advice or contact NHS 111 9 \* 6

For all potential corona virus infections  
seek medical advice early as symptoms can  
often present atypically or vague.



## Home Care

- Where possible care staff should be trained to measure temperature, blood pressure, heart rate, pulse oximetry, respiratory rate level of consciousness and new confusion to monitor for deterioration of ANY cause.

### Appropriate Escalation!

- Assess the appropriateness of admission to hospital
- Ensure the respect document is up to date and complete
- Ensure GP/Ambulance Crew hospital or call handler is aware of the status when escalating - confirmed or suspected.
- Always refer to the individuals' advance care plan/Respect form to consider the right course of action in an emergency.

RESTORE 2 can help you to spot deterioration from Covid-19 related illness or recognise non-Covid-19 related deterioration and act to get your individual the most appropriate care and support. RESTORE2 uses three tools (Soft Signs, NEWS2 and SBARD) which when used together can help you to get the help and support you need more quickly.

For further information on RESTORE2 and RESTORE2Mini please go to [RESTORE2 \(nottstraininghub.nhs.uk\)](#) where there is a list of future training sessions published.



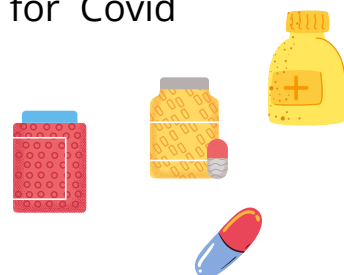
# Medications and Symptom Management

## Symptom Management

Controlling symptoms of Covid-19 in Community Settings & NICE Clinical Guidance NG163 offer guidance about how to manage Covid-19 treatments and care planning.

<https://www.nice.org.uk/guidance/ng163>

<https://www.nottsapc.nhs.uk/covid-19/>



## Nottinghamshire Area Prescribing Committee

- Nottinghamshire Area Prescribing Committee (NAPC) host a collaborative strategy for ensuring consistent high quality and cost effective use of medicines across Nottinghamshire.
- The NAPC website is the 'go to' place for medication guidance and support <https://www.nottsapc.nhs.uk/covid-19/> and is updated frequently with new and updated guidance in a variety of settings including care homes.
- Please refer to our most recent prescribing guideline for End of Life care for Covid patients.

## Access to **free** medicines management training for care providers

Excellent free training resources have been bought from PrescQIPP, a NICE and skills for care accredited provider of medicines management training. There are separate packages, one for care homes and one for home care providers. The links below explain how to access the training:

For home care providers;

[https://www.prescqipp.info/media/4743/prescqipp\\_managing\\_medicines\\_for\\_adults\\_receiving\\_social\\_care\\_in\\_the\\_community\\_e\\_learning\\_course\\_overview.pdf](https://www.prescqipp.info/media/4743/prescqipp_managing_medicines_for_adults_receiving_social_care_in_the_community_e_learning_course_overview.pdf)

For care homes;

Visit the prescQIPP e-learning platform -

<https://moodle.prescqipp.info/login/index.php>

For more information or you are experiencing issues registering please contact Tania Cook [taniacook@nhs.net](mailto:taniacook@nhs.net)

## Medications management resources

### Care about Medicines newsletter

- Bi monthly newsletter is produced jointly with local authority colleagues and contains a range of information for both care homes and home care providers. If you don't currently receive this but would like to be added to our mailing list please email [lisa.ryley@nhs.net](mailto:lisa.ryley@nhs.net)

### Guidance on Medicines in Social Care Settings

- The documents "Guidance for the management of medicines in social care establishments" and "Medication Guidance for home based care & support providers" are now available.
- The guidance covers both City and County care homes and home care agencies and are relevant to any social care setting where medicines are managed.
- Both documents have been updated to include changes to legislation and continue to share best practice in relation to managing medicines safely.

They also offer a host of templates which can be adopted or used to improve current in-house templates. Please contact [lisa.ryley@nhs.net](mailto:lisa.ryley@nhs.net) for a copy.

### British Geriatric Society, Best practice Guidance – Care Homes and Covid-19

- The British Geriatric Society published best practice guidance for managing the Covid-19 pandemic in care homes
- The guidance makes 22 key recommendations including palliative and supportive considerations
- It can be accessed [here](#) and at <https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

## Medicines Optimisation Support

- The CCG has a number of pharmacists and technicians who can support both care home and home care providers with a range of areas including medication reviews and ordering processes.

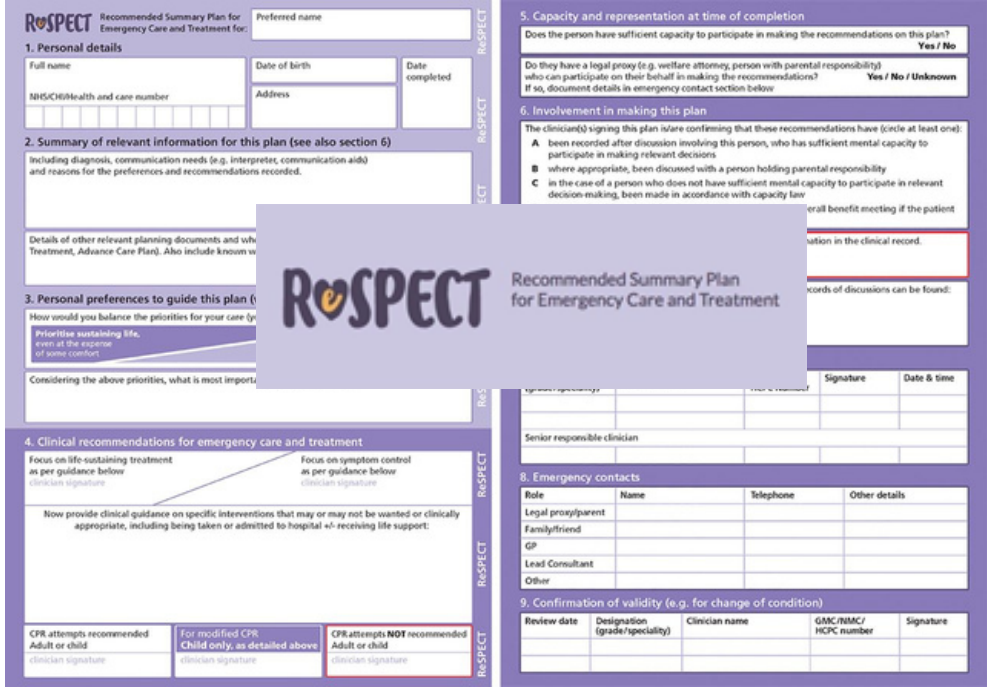
Please email [taniacook@nhs.net](mailto:taniacook@nhs.net) or [cosborn@nhs.net](mailto:cosborn@nhs.net)

### Questions/Queries?

If you have ANY Medication Management queries, please contact our Nottingham and Nottinghamshire Medication Management teams via email at [MACCG.NottsAPC@nhs.net](mailto:MACCG.NottsAPC@nhs.net) (office hours only).



# End of Life care and management



The image shows a sample of the ReSPECT form. It is a purple and white document titled 'ReSPECT Recommended Summary Plan for Emergency Care and Treatment'. The form is divided into several sections: 1. Personal details (Name, Date of birth, Date completed, Address, NHS/CHI/Health and care number). 2. Summary of relevant information for this plan (see also section 6). 3. Personal preferences to guide this plan (How would you balance the priorities for your care?, Priorities sustaining life, even at the expense of some comfort, Considering the above priorities, what is most important?). 4. Clinical recommendations for emergency care and treatment (Focus on life-sustaining treatment as per guidance below, Focus on symptom control as per guidance below, Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support). 5. Capacity and representation at time of completion (Does the person have sufficient capacity to participate in making the recommendations on this plan?, Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? If so, document details in emergency contact section below). 6. Involvement in making this plan (The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one): A been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions; B where appropriate, been discussed with a person holding parental responsibility; C in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law). 7. Details of other relevant planning documents and when they were last reviewed (Treatment, Advance Care Plan). Also include known wishes. 8. Emergency contacts (Table with columns: Role, Name, Telephone, Other details. Rows: Legal proxy/parent, Family/friend, GP, Lead Consultant, Other). 9. Confirmation of validity (e.g. for change of condition) (Table with columns: Review date, Designation (grade/speciality), Clinician name, GMC/NMC/HCPC number, Signature). 10. CMA attempts recommended (Adult or child, clinician signature). 11. For specified CMA (Child only, as detailed above, clinician signature). 12. CMA attempts NOT recommended (Adult or child, clinician signature).

**Use ReSPECT and Advance Care Plans as they describe what matters to the resident; family, friends, the environment and demonstrate that you understand what is important to them. You can also monitor that they are pain free and peaceful, whilst supporting their loved ones**

<https://nottinghamshire.eolcare.uk/> - Notts EOL Website

## Symptom Management

Some individuals experience severe symptoms and a rapid decline. Early management of symptoms can alleviate any suffering and it is important to deliver effective medications in effective doses from the outset.  
<https://www.nice.org.uk/guidance/ng163>

## Virtual Assessment

You can use technology to get advice from the GP and hold multidisciplinary meetings to support end of life care. You can use your personal devices if necessary. If possible have the video consultation in the individual's room or somewhere private. This approach can also be use after death for verification



**Sign up for NHS Mail so Microsoft Teams can be used for video consultations. Contact Kaleidoscope consultants for support - [dspt@notts-care-ig.net](mailto:dspt@notts-care-ig.net) or <https://notts-care-ig.net>**

- The ReSPECT document supports people to get the right level of care and support at the end of their lives.
- It is one of the ways they or their loved ones can be in control at the end.
  - Please ensure, where appropriate, all individuals are offered the opportunity to have an advance care plan in place.
  - If the individual does not have an advance care plan you can discuss this with your nurses or GP.
  - ANYONE (qualified and unqualified staff] can start a ReSPECT form but it will need to be signed by a GP or Senior Nurse.
  - ReSPECT forms can be signed at weekly MDT meetings.

<https://www.resus.org.uk/respect/learning/>  
<https://learning.respectprocess.org.uk/#landing>

**ALL individuals should be offered an advance care conversation with relatives if necessary or desired. This will identify priorities for care and whether resuscitation would be appropriate in the event of a cardiac arrest.**

*Just Breathe!*

**Change the pace - your time is the greatest gift you can give**

**One Chance to get it Right**

**Six ambitions to bring that vision about**



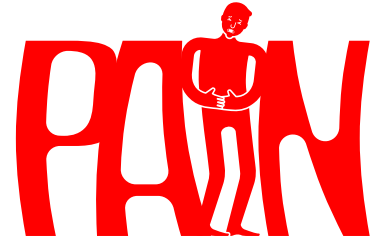
## Gold Standards Framework

- It is good practice to ensure all residents are proactively assigned an accurate RAG status.
- In the context of Covid-19 transition from amber to red and death may be a few days -hours only.
- All residents RAG should be on EPaCCS/End of life register and those actively deteriorating (Amber and Red) should be referred to Call4Care and recommended to ask for anticipatory medications to be issued

<https://www.goldstandardsframework.org.uk/gsf-signposting-and-guidance-on-the-coronavirus-epidemic>

## The Mental Capacity Act and Covid-19

The Mental Capacity Act (MCA) provides protection and upholds the rights of people who lack, or may lack, capacity to make decisions about different aspects of their life. It is important to remember that the principles of the MCA and the Deprivation of Liberty Safeguards (DoLS) have not been changed as a result of the pandemic. You may be faced by unfamiliar situations and decisions, for example, assessing a person's capacity to be tested for Covid-19 or where public health restrictions interface with the MCA. The Government has issued updated guidance on the Mental Capacity Act and Covid-19 - <https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>. This guidance is to help address these issues and support you in ensuring the rights of the people you, in turn, support.



# Death Verification

Care staff do this informally already, they absolutely know when their loved one's have passed away, if the death was expected, they shouldn't have to wait for others to tell them what they already know.



## Confirmation or Verification of Death

- Confirmation or **verification of death** is defined as deciding whether a person is actually deceased.
- Verification of death can be undertaken by staff who are competent and confident to carry out this task.
- Your organisation/service should have a policy/procedure which will support you to undertake this practice. You should be familiar with this.

In Nottingham and Nottinghamshire local guidance – 'Death administration in the community' is available, staff should be familiar with this as it supports Verification of expected death practice. It also includes a pre authorisation template which will support staff and partners in decision making when verification of death is needed

If you do not have a competent/trained person available to verify death contact:

- Call for care – **01623 681691** or
- Nottingham Citycare **0115 8834863** (Monday – Friday 8am-6pm) **0115 8838151** or **0115 8838152** (Evening and night service) **0782782346** weekends and Bank Holiday 8am-6pm

## Death certification

All doctors in primary care and hospitals NUH, NHCT, SFHFT can carry out death certification. Doctors can do the death certification if they have seen the Individual within 28 days (this can be by video which you are asked to help facilitate) or after death.

If an individual has been discharged from hospital and dies quickly before any contact with the GP the hospital doctors will not write the certificate but the GP still can and will include the hospital doctor on the certificate.

## Grief & Bereavement Support

- A grief line has been set up to support staff and families in dealing with emotional distress related to loss of loved ones.
- The grief line will listen and offer practical support where needed as well as signposting to existing grief support.

You can call **0800 111 445**

8am til 5pm Monday - Friday.

If you require urgent grief support, you will be provided with an number to contact outside of these hours.



## Death Registration

The person registering a death (known as the informant) can be:

- a close relative of the deceased, named the executor of the Will.
- a relative who witnessed the loved one's death, last illness or who lives near their residence
- the owner of the premises where the death occurred
- the relative arranging the funeral with the funeral director or someone else who was present at the death

During the Covid-19 pandemic doctors are emailing death certificates directly to the Registrars (so no need for relatives to pick up from surgery)

## Care of the deceased - after care

When a person dies of suspected coronavirus (Covid-19) in a residential care setting be aware that there is likely to be continuing risk of infection from body fluids. Whilst undertaking last offices, it is recommended that the usual PPE and standards of Infection prevention control precautions are maintained. You should follow the usual processes for dealing with a death in your setting.

Since there is a small but real risk of transmission from the body of the deceased, mourners should be advised not take part in any rituals or practices that bring them into close contact with the body of an individual who has died from, or with symptoms of Covid-19. Given the very significant risk for vulnerable and extremely vulnerable people who come into contact with the virus, it is strongly advised that they have no contact with the body. Cremation is permitted where the deceased does not have a medical device that requires removal e.g. pacemaker/ICD.

### Informing the CQC

The CQC are now recording all deaths where Covid-19 was possible or confirmed Please inform the CQC using your usual notification form even if the person dies in hospital

### Published Guidance

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased>  
<https://www.hse.gov.uk/pubns/books/hsg283.htm>



## Essential Contacts



### Public Health

T: 0344 225 4524  
Email: phe.crc.eastmidlands@nhs.net

### Infection Prevention & Control

County  
Email: NNCCG.IPC@nhs.net  
City  
Email: ncp.ipct@nhs.net

### Testing/swabbing Team

T: ICS operations centre  
0115 8831111

### Notts Help Yourself

Click link below

<https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/document.page?id=lgc3gkzdlkc>

### Nottingham City Website - Ask Lion

Click link below

[www.asklion.co.uk/providercornercovid-19](http://www.asklion.co.uk/providercornercovid-19)

### Care Forum 'We are all in this together'

Click link below

[https://us02web.zoom.us/j/8456289642?pwd=UjYX-Sf6t\\_sugpWd5vg](https://us02web.zoom.us/j/8456289642?pwd=UjYX-Sf6t_sugpWd5vg)

### Local Authority Quality and Market Management Teams

County - Email: qmm@nottscg.gov.uk  
City - Email: CV19@nottinghamcity.gov.uk

### Notts EOL web site

Click link below

<https://nottinghamshire.eolcare.uk/>

### Recognising and Responding to Deterioration

Email: empscdet@nottingham.ac.uk  
Email: michele.tuttle1@nhs.net

### Medications Management Team

<https://www.nottsapc.nhs.uk/covid-19/>  
Email: taniacook@nhs.net  
Email: lisa.ryley@nhs.net  
Email: MACCG.NottsAPC@nhs.net

### Grief Line

0800 111 445

### Enhanced Health in Care Homes

email  
rebecca.smith258@nhs.net

### Gov.uk

Click link below

<https://www.gov.uk/coronavirus>

### Notts Alliance Training Hub/Workforce support

alliance.hub1@nhs.net

Click link below

<https://www.nottstraininghub.nhs.uk/>



# Nottingham & Nottinghamshire System Support Pathways

## City Care Homes Team

City care (city care homes only) can be contacted;

Monday – Friday 8am-6pm - 0115 8834863

Weekend and Bank Holidays - 8am-6pm – 07827823465

Between 6pm and 8am everyday – Evening and night service 0115 8838151 or 0115 8838152

## Call for Care

Call for Care Tel: 01623 781899 (Mid Notts)

Option 1 - Admission avoidance (2 hour response)

Option 2 - End of Life and Palliative Care

Option 3 - Planned Care (non-urgent referrals for all general health services)

Call for Care Tel: 0300 0830 100 (South Notts)

Option 1

## NHS 111 - 9 \* 6

- Offers care home and home care staff a direct line to a clinician who will be able to discuss any concerns you have for an individual in your care.
- The 9 \*6 option bypasses the call handler algorithm to enable a less formal conversation.
- It is very helpful to NHS 111 9\* 6 clinicians if you use SBARD to communicate the concern and have all basic information to hand such as the persons date of birth, address, postcode, medications etc.
- If you are concerned about an individual you can contact NHS111 9 \*6.



This toolkit has been created to be used as an aide memoire/quick reference guide for care home and home care staff managing Covid-19.

**This guidance is not mandatory** – its purpose is to support staff to deliver high quality care for individuals by bringing together best practice guidance and references to key documents to support practice all in one place.

This guide has been co-developed by Nottingham and Nottinghamshire Integrated Care System with contributions from;

Nottingham and Nottinghamshire CCGs

Nottinghamshire HealthCare Trust

Nottingham City Care

Nottinghamshire EOL Stakeholder Board

Nottinghamshire GPs

Nottingham University Hospitals

Nottingham City Council

Nottingham County Council

Sherwood Forest Hospitals

ICS Clinical Leads

Care home and Home care providers

Nottingham City and County LA Public Health Colleagues

This guidance was produced in response to the Covid-19 Pandemic. In this fast paced, continuously developing and changing situation, it is expected that best practice guidance will be updated frequently.

A good practice tip would be to keep an electronic file with this guidance and all the latest attachments for each of the focus areas available to staff to use as a reference guide to support Covid-19 EOL care and management.

This is a working document and further updates and co-design with sector experts will be made as required.

### Quality Control

The information provided within the toolkit will be reviewed and updated daily during the Covid-19 pandemic.

Information from reputable sources will include (but not limited to); Gov.uk. Patient Safety Collaborative/Academic Health Science networks. UK Resuscitation Council. Nottinghamshire Area Prescribing Committee. Public Health England and Local IPC teams. NHSE/I. ADASS. CQC. Local Authorities and TeamNet

The latest version will be shared as a minimum, weekly and will be version controlled with the latest date e.g V.280420.

The content may change to reflect the fluid position of today and the future.

Points of clarification/additional information queries should be directed to Nottingham & Nottinghamshire CCG - [nnestccg.southnottspatientsafety@nhs.net](mailto:nnestccg.southnottspatientsafety@nhs.net)



# Integrated Care System

Nottingham & Nottinghamshire