



**THIS IS AN EXAMPLE  
OF A PANDEMIC  
CONTINGENCY PLAN**

## Pandemic Contingency Planning

### Actions in addition to those set out in the standard services Business Continuity Plan

#### Actions to mitigate and prepare

<p>Stop non-essential visits to the services</p> <p>A significant risk relates to people coming into the services. A specific risk relates to people going from service to service. It is advised that all visits to the service are reduced to an absolute minimum. This includes visits from:</p> <ul style="list-style-type: none"> <li>• HR, Hospitality, Building Team (except senior managers)</li> <li>• Relatives</li> <li>• Medical and social care professionals (unless essential)</li> <li>• People providing services, Entertainers, chiropodists, reflexology etc.</li> </ul> <p>An info letter has been provided for residents, relatives and friends and has been distributed by services</p>	
Issue weekly guidance to all staff in accordance with Government instructions	
<p>Each service to order a good supply of hygiene consumables:</p> <ul style="list-style-type: none"> <li>• Anti-bac (to be issued to all head office staff and maintenance staff)</li> </ul>	
Ensure all services have adequate supply of temperature testing equipment	
<p>Ensure there is a good stock of consumables in each service</p> <ul style="list-style-type: none"> <li>• Cleaning materials</li> <li>• Toilet rolls</li> </ul>	
Increase regularity/depth of HO and branch office toilet cleaning and cleaning of door handles, light switches etc	
Clean pool cars regularly between users – Use anti back on touch areas	
Review agency policies to ensure staff not working across homes	
Request all staff who have declared underlying conditions to update personal health information and risk assessments	
Minimize office meetings – No inter home meetings at services	
Keep under review need to postpone forthcoming events – Managers meetings (investigate tele conf options)	
Cancel all training events - Mandatory induction to be held outside of care homes	
<p>Ensure services are keep clean spotlessly clean</p> <p>(to be checked regularly by Regional Managers). In particular, clean bathrooms, door handles, light switches etc</p>	
<p>Ensure a good stock of long-lasting food:</p> <ul style="list-style-type: none"> <li>• Long-life milk</li> <li>• Bread (for freezer)</li> <li>• Mince and chicken (for freezer)</li> </ul>	

<ul style="list-style-type: none"> <li>• Dried pasta</li> <li>• Rice</li> <li>• Butter</li> <li>• Oil</li> <li>• Bakes beans and other tinned vegetables</li> <li>• Tea, coffee, sugar</li> </ul>	
Avoid trips to supermarkets for small items	
Avoid use of staff from other services	
Stop non-essential visits to Head office and home care branches Wherever possible transact via phone. (clean phones after use ;-) Stop attendance at non-essential gatherings (forums /conferences).	
All employees were hands and/or use alcohol anti-bac regularly (ideally hourly)	
Build a service-specific Management and Recovery Plan, to include the following sections <ul style="list-style-type: none"> <li>• Service isolation</li> <li>• Staffing</li> <li>• Staff and PWS temperature checking (on entry using kit supplied and at 6hr intervals)</li> <li>• Evacuation of premises</li> </ul>	

**Trigger event for Management and Recovery plan below;**

**Either:**

1. DOH assessment of risk moves to High
2. A case of Coronavirus in either Residents, staff, or their families.

**Management and recovery plan when triggered by the above**

Call services daily to ensure: <ul style="list-style-type: none"> <li>• All well</li> <li>• Management and Recovery Plans implemented effectively</li> <li>• Shifts covered</li> <li>• Issues identified and addressed</li> </ul>	
Respite Residents going home Where possible should be supported at their family's home. It would be good practice to establish where this is feasible in advance so that people can be taken home immediately.	
Service isolation It would be good practice for services to reduce contact with the outside world to an absolute minimum. Visitors to the service should be prohibited as far as possible	
Staffing Managers should be aware of their staffs' ability and willingness to work during the pandemic. Specifically, Managers should assess: <ul style="list-style-type: none"> <li>• Staff who will not be able to work due to family commitments (for example if schools close)</li> <li>• Staff who will be at risk due to health conditions</li> <li>• Staff who will be unwilling to work</li> </ul> Important to liaise with staff who are willing and able to work	
Temperature checking on entry Instigate procedures for staff to check and record temperature prior to entry. (Kit and guidance to be investigated)	

Temperature checking in the service Instigate procedures to check and record: <ul style="list-style-type: none"> <li>• PWS temperature every 6 hours</li> <li>• Staff every 12 hours</li> </ul>	
If staff contract Coronavirus: <ul style="list-style-type: none"> <li>• Instruct not to attend the service and call 111 for advice and instruction</li> <li>• Identify contacts in last 14 days</li> <li>• Quarantine contacts</li> </ul> <p><b>Contact: PHE Surrey and Sussex Health Protection Team</b> (South East), County Hall, Chart Way, Horsham, RH12 1XA E:<a href="mailto:PHE.sshpu@nhs.net">PHE.sshpu@nhs.net</a> Phone: <a href="tel:03442253861">0344 225 3861</a> (<a href="#">option 1 to 4 depending on area</a>) Out of hours:0844 967 0069</p>	
If nurses' contract and can't work and no nurse available in nursing home liaise with CQC and all residents admit to hospital	
If residents / clients show symptoms: <ul style="list-style-type: none"> <li>• Dial 999 for an ambulance and send to hospital</li> <li>• Inform 111 for advice and instruction</li> <li>• Identify contacts in last 14 days</li> <li>• Quarantine contacts as far as possible</li> </ul>	
If at any point staff shortages due to self-isolation or infection put the safety of the residents or staff at risk ; raise safeguarding concern through Mash , Inform CQC and Arrange transfer of residents to alternative accommodation in partnership with Social Services , firstly within CHD Services then other providers and last resort 999 and Hospitalize for safety.	