Residential Contingency Plan – Covid-19

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1. Aims

Covid-19 contingency planning in the event of a suspected or confirmed case within the Ruskin Bubble.

2. Guidance

This plan is based upon advice from both the Department for Education and the Department of Health and Social Care. Whilst it is recognised that we are CQC registered the transient nature of the residential setting fits better under residential schools guidelines.

3. Personal Protective Equipment (PPE)

Most staff in Ruskin will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

PPE will only be needed in a very small number of cases if:

- A student becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained
- a student has routine intimate care needs that involve the use of PPE, in which case the same PPE should continue to be used

4. Procedure if a student develops symptoms

If a student in Ruskin develops symptoms of coronavirus (COVID-19):

- a test should be booked immediately to confirm whether the student has coronavirus (COVID-19)
- the isolation guidance for residential settings should be followed, including being clear on who is in the Ruskin bubble
- They should self-isolate, within their own “pod”, avoiding contact with other members of Ruskin as much as possible. Any other students in that pod should be supported to move to a respite room in another pod
- all other students living in Ruskin should also self-isolate in line with guidance for households with possible or confirmed coronavirus (COVID-19) infection
- staff can continue to enter and leave the home as required, consistent staff rotas will be used where possible and staff should follow good infection prevention control
- staff should wear PPE for activities requiring close contact
- staff should adhere to distancing guidelines as far as they are able to but should take account of student’s emotional needs

- all parents and carers will be informed using emergency contact details as soon as practicable
- students may return home to isolate but their home "household" will need to join them.
- arrangements for weekend cover will be implemented
- all booked respite will be cancelled until after the isolation period

4.1 If a student with symptoms gets a test and the result is positive:

If a student's test result is positive for COVID-19

- the setting should contact their local PHE health protection team immediately and follow their advice
- staff should wear PPE for activities requiring close contact

5. Self-isolating students

If a student who has been in close contact with someone who has tested positive for coronavirus (COVID-19) is self-isolating within a residential setting, no additional PPE is required to be worn by staff caring for the student unless the student themselves develops symptoms and close contact is necessary.

6. Additional information for supporting students

Additional information for supporting those with learning difficulties and autistic students:

- People with learning disabilities and autistic people in residential care settings need a wide range of types and levels of care. For some, care focuses on supporting them to do their own personal care and participate actively in leisure and social activities. Others may not be able to communicate verbally and could have substantial physical and/or sensory disabilities. Many are very social, some struggle in social situations. Some are naturally very tactile. While others, particularly some autistic people, strongly dislike being touched. Some autistic people find changes of routine very upsetting.
- Good care involves helping people learn to take as active a part as possible in ordinary activities of their choice. For a small number, this involves a complex balance of risks as small frustrations or changes can lead to forceful reactions with potentially serious consequences. Some people depend on reading carers' facial expressions for communication. Face masks make this harder and so they can cause distress which can result in behaviour that may cause harm to the person themselves or others.
- Anyone who has new symptoms suggestive of COVID-19 such as a new persistent cough or temperature, or loss or change in their sense of smell or taste, must be treated as if they possibly have COVID-19 and ideally isolated from other residents. It should be explained to the other residents, as far as possible, that this is not a punishment but is being done to try and stop other people getting ill. Contingency plans should be drawn up in advance if this is likely to be seriously difficult for them or if caring for them in isolation is likely to require substantially more staff input.

6.1 Emphasis of basic infection control measures

It will be important for staff to emphasise repeatedly the importance of the main infection control procedures including:

- keeping 2 metres distant from others
- refraining from socially touching
- hand hygiene
- avoiding touching your mouth, nose and eyes
- respiratory hygiene (‘Catch it, kill it, bin it’)
- regular cleaning, especially of frequently touched surfaces

6.2 Communication

Use signs, videos and social stories to help with this. Coronavirus (COVID-19): guidance for care staff supporting adults with learning disabilities and autistic adults provides links to some resources.

People with learning disabilities and autistic people communicate in a large variety of ways, some of these are non-verbal. It is important for staff supporting them to use information in their communication plan, if they have one, to guide them about what might be the best way to convey information and understand the person’s responses. The National Autistic Society website contains some general information about communicating with autistic people. Families and those who know people best are likely to be able to provide good insights into how to give information about PPE, and how the person might be supported to be accepting of those supporting them wearing it. It is important to remember that each person is unique with their own preferred ways of engaging in communication.

6.3 In the event of PPE being necessary

Some people with learning disabilities or autism may be distressed or anxious to see their care staff in PPE. They may have difficulty recognising familiar faces. Non-verbal communication is harder.

Steps can be taken to make PPE seem less frightening in several ways. It is important that in doing this you do not alter the PPE items in any way as this could reduce their effectiveness in protecting staff or the people you are providing care for. Care England has provided the following suggestions to help with this:

- staff may be able to greet residents without a mask through a window before entering the space where they actually meet
- explain that by wearing the mask you are helping other people to stay safe and that the mask is now part of your regular working clothes or uniform
- wear disposable picture badges showing staff without masks
- introduce masks by making them in an art session. This will be useful if residents need masks when going out. Have a choice of colours or fabric designs
- try to normalise the wearing of masks around the care home; if there are soft toys around perhaps provide masks for these

- play a game trying to guess what expression people are making behind masks
- use Makaton or British Sign Language (BSL) or possibly develop shared non-verbal signals for the expressions usually read from faces
- develop a matching pairs game with pictures of people with and without masks
- praise people when they ask questions about the masks. Answer clearly and honestly using their preferred communication method
- consider changing existing staff photos on activity boards or staff boards to photos of the staff wearing masks
- consider graded exposure approaches with the aim of making the PPE acceptable

In exceptional circumstances, a very small number of people may have great difficulty in accepting staff wearing masks (and eye protection if relevant). Despite explanation, education and desensitisation they may repeatedly attempt to take them off, or they may react with extreme distress or anxiety. The severity, intensity or frequency of the behaviours of concern may place them or the supporting staff at risk of harm. A comprehensive risk assessment for each of these people identifying the specific risks for them and others should be undertaken. Under no circumstances should this assessment be applied to a whole care setting.

The risk assessment needs to determine whether the risks involved in wearing masks (forceful outbursts with potential injury, or unsafe mask removal, or the serious impact on the physical and mental wellbeing from the inability to communicate, or to follow habitual routines) are greater than those involved in not wearing them. Full face visors or transparent (clear fronted, see-through) face masks if available, could be considered as part of risk assessment for use in these circumstances.

A multidisciplinary group involving external professionals and the local authority should undertake the assessment. If there is a reason to think that the person lacks capacity to make a decision about the use of PPE, a capacity assessment should be undertaken in accordance with the Mental Capacity Act. Any subsequent decisions should be made according to ‘best interests’ principles.

This should involve review of relevant behavioural support options to help using PPE, the level of risk which COVID-19 poses to the individual and the risks likely to be associated with pursuing the use of PPE. Contingency arrangements should be made in case the supported individual develops COVID-19 symptoms. A decision not to use PPE should be kept under review and alternative solutions and strategies which might allow introduction of the appropriate level of PPE continuously sought. All decisions should be clearly recorded in a risk management plan agreed by the person being supported (or those who are significant to them if a best interests decision has been made), the multidisciplinary team and the organisation and team providing support.

At the same time management should consider the risks to the staff involved. They should consider the views and wishes of the staff concerned and any characteristics or conditions which may make individual staff members more vulnerable to COVID-19. It may be appropriate to reassign staff members.

9. Links with other policies

This Residential Contingency Plan is linked to our:

- COVID-19 risk assessment for college opening – Sept 2020