




Review Sheet		
Last Reviewed 28 Sep '20	Last Amended 28 Sep '20	Next Planned Review in 12 months, or sooner as required.
Business impact	 CRITICAL IMPACT Immediate action these changes are business critical and to be delivered as a matter of urgency.	
Reason for this review	Best practice	
Were changes made?	Yes	
Summary:	This policy reflects accurately the current position with regard to COVID-19. The policy highlights other policy areas that are relevant to support a pandemic and there is a clearer separation between flu and COVID-19. It is not sufficient to rely on this policy alone to manage the implications of COVID-19. The policy has been reviewed with a new paragraph relating to the COVID-19 Contact Tracing App, an additional Key Fact and amendments added to the pandemic checklist.	
Relevant legislation:	<ul style="list-style-type: none"> • The Parental Bereavement (Leave and Pay) Act 2018 • Coronavirus Act 2020 • The Care Act 2014 • Civil Contingencies Act 2004 • Control of Substances Hazardous to Health Regulations 2002 • Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015 • Health and Safety at Work etc. Act 1974 • General Data Protection Regulation 2016 • Data Protection Act 2018 	



Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: NHS England, (2019), *Emergency Preparedness, Resilience and Response (EPRR) - Guidance and Framework*. [Online] Available from: <https://www.england.nhs.uk/ourwork/epr/gf/> [Accessed: 28/9/2020]
- Author: NHS England, (2019), *NHS Core Standards for Emergency Preparedness, Resilience and Response*. [Online] Available from: <https://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/> [Accessed: 28/9/2020]
- Author: Department of Health, (2011), *NHS Emergency Planning Guidance*. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214442/nhs-emergency-planning-guidance.pdf [Accessed: 28/9/2020]
- Author: Public Health England, (2020), *COVID-19: infection prevention and control (IPC)*. [Online] Available from: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance> [Accessed: 28/9/2020]
- Author: Health and Safety Executive, (2020), *Pandemic Flu - Workplace Guidance*. [Online] Available from: <https://www.hse.gov.uk/biosafety/diseases/pandflu.htm#ref14> [Accessed: 28/9/2020]
- Author: Skills for Care, (2018), *Good and outstanding care*. [Online] Available from: <https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Good-and-outstanding-care-guide.pdf> [Accessed: 28/9/2020]
- Author: UKHCA, (2010), *Pandemic Influenza Guidance for Homecare Providers*. [Online] Available from: <https://www.ukhca.co.uk/pdfs/pandemicinfluenza.pdf> [Accessed: 28/9/2020]
- Author: GOV.UK, (2020), *COVID-19: providing home care*. [Online] Available from: <https://www.gov.uk/government/publications/coronavirus-covid-19-providing-home-care> [Accessed: 28/9/2020]
- Author: NHS, (2020), *Stay at home: guidance for people with confirmed or possible coronavirus infection*. [Online] Available from: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection> [Accessed: 28/9/2020]
- Author: GOV.UK, (2020), *NHS Test and Trace service in the workplace*. [Online] Available from: <https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance> [Accessed: 28/9/2020]
- Author: NHS England, (2020), *If you're told to self-isolate by NHS Test and Trace*. [Online] Available from: <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/> [Accessed: 28/9/2020]

Suggested action:

- Encourage sharing the policy through the use of the QCS App

Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 To set out how Daily Living Care Ltd will make precautionary, proportionate and flexible arrangements for the management of response and recovery to a pandemic.

1.2 To support Daily Living Care Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?
SAFE	S5: How well are people protected by the prevention and control of infection?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	W3: How are the people who use the service, the public and staff engaged and involved?
WELL-LED	W5: How does the service work in partnership with other agencies?

1.3 To meet the legal requirements of the regulated activities that Daily Living Care Ltd is registered to provide:

- | The Parental Bereavement (Leave and Pay) Act 2018
- | Coronavirus Act 2020
- | The Care Act 2014
- | Civil Contingencies Act 2004
- | Control of Substances Hazardous to Health Regulations 2002
- | Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- | Health and Safety at Work etc. Act 1974
- | General Data Protection Regulation 2016
- | Data Protection Act 2018



2. Scope

2.1 The following roles may be affected by this policy:

- | All staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Commissioners
- | Local Authority
- | NHS



3. Objectives

3.1 To outline the contingency arrangements for Daily Living Care Ltd to prepare for, respond to and manage the recovery from a pandemic. This policy must be read in conjunction with the following policies and procedures:

- | Business Continuity Plan Policy and Procedure
- | Infection Control Policy and Procedure
- | Clinical Waste Disposal Policy and Procedure
- | Sickness Absence Policy and Procedure
- | Unable to Attend Workplace Policy and Procedure
- | Personal Protective Equipment (PPE) Policy and Procedure
- | Policies within the 'Coronavirus Hub' area of the QCS management system

3.2 To identify ways in which the impact of a pandemic disease, such as COVID-19, can be reduced.



4. Policy

4.1 COVID-19 and Other Pandemics

Flu was the main pandemic risk prior to the worldwide COVID-19 pandemic which has transformed all aspects of care provision at Daily Living Care Ltd. This policy addresses the management of Flu (or other reduced risk pandemic) and also of COVID-19.

However, the scale of the COVID-19 pandemic has necessitated the wholesale adaptation of a wide range of policies that define and inform ways of working at Daily Living Care Ltd. This policy is still valid but must be read in conjunction with other COVID-19 policies, as this one policy does not provide sufficient detail required.

Where this policy refers to a specific COVID-19 concern, this will be clearly noted.

4.2 Central to the management of any pandemic is the limiting of the spread. It is understood that everyone at Daily Living Care Ltd has a responsibility to ensure that they effectively manage their own personal hygiene within the principles of CC34 - Infection Control Policy and Procedure.

4.3 Daily Living Care Ltd will ensure that staff and Service Users understand that the spread can be controlled and reduced by:

- | Regular hand washing
- | Practising good personal hygiene
- | Wearing appropriate Personal Protective Equipment (PPE)
- | Testing and monitoring for symptoms associated with the pandemic
- | Maintaining a clean and hygienic environment and focussing on high contact areas
- | Maintaining 'social distancing'
- | Following government advice and best practice

4.4 Daily Living Care Ltd will have measures in place to respond to major incidents of any scale, including a pandemic such as COVID-19, in a way that ensures that staff and Service Users are safe, that services experience minimal disruption and that there is a planned return to normal levels of business functioning. In addition to this, Daily Living Care Ltd will have business continuity and contingency plans that allow for the safe delivery of care and support, with the Service Users and staff most at risk identified in advance. The plan at Daily Living Care Ltd will be to ensure that measures are in place before a pandemic arises so that if swift action is required, the resources, staff and plan can be mobilised.

4.5 Daily Living Care Ltd will learn from experience and develop strategies to manage any pandemic. This will be done through regular review of ways of working and will be updated to reflect best practice and latest national and local guidance on the management of any pandemic.

4.6 Pandemic Co-ordinator / Pandemic Team

Daily Living Care Ltd will appoint a Pandemic Co-ordinator or Pandemic Team, that will include Mrs Ashleighanne Tafirenyika , who will:

- | Ensure that latest guidance and best practice are known, shared and embedded into practice at Daily Living Care Ltd
- | Co-ordinate operational services to ensure business continuity and that essential core services are maintained
- | Co-ordinate the response of Daily Living Care Ltd with commissioners, the local authority, health services, regulators, relatives and other stakeholders
- | Manage internal auditing and reporting processes
- | Oversee any issues regarding staffing shortages that may result from the pandemic
- | Arrange and plan for any testing of staff and Service Users, where necessary
- | Where vaccines are available, to co-ordinate provision across Daily Living Care Ltd as directed by local GP practices
- | Review the effectiveness of the Pandemic Plan and revise accordingly
- | Provide other functions as directed by Mrs Ashleighanne Tafirenyika and Daily Living Care LTD



5. Procedure

5.1 Preparedness for a Pandemic

To ensure that services can run as normally as possible during a pandemic, Daily Living Care Ltd will use the checklist within this policy as a guide to develop the Business Continuity Plan (BCP) to reflect relevant issues.

5.2 Daily Living Care Ltd will have measures in place to respond to major incidents of any scale, including a pandemic, in a way that ensures that staff and Service Users are safe, that services experience as little disruption as possible and that there is a planned return to normal levels of business functioning.

5.3 During a pandemic, Daily Living Care Ltd will be guided by, and will work in partnership with, Worcester city Council, Public Health England and other national and local organisations that provide specialist guidance on the management of the pandemic.

Daily Living Care Ltd will establish a Pandemic Team to ensure that any action required is carried out.

For a Flu pandemic, Mrs Ashleighanne Tafirenyika will ensure that they understand what action is required in line with the Detect, Assess, Treat, Escalate, Recover (DATER) Framework.

For the COVID-19 pandemic, the situation is changing rapidly and the Pandemic Team will ensure that they are aware of the latest position, guidance and requirements and the impact on other relevant policies and procedures.

The Pandemic Team will also establish plans to mitigate the impact of any 'second wave' or resurgence of COVID-19.

5.4 Staff Management

- | The management of staff and an awareness of the risks during a pandemic are central to the continued safe delivery of care at Daily Living Care Ltd
- | Daily Living Care Ltd will encourage an open dialogue with staff regarding their experiences, concerns and needs
- | Daily Living Care Ltd will be aware of staff who have pre-existing health concerns that make them more vulnerable to infection and will discuss ways of limiting exposure
- | All staff need to wear appropriate PPE, follow infection control procedures and maintain excellent standards of hygiene. All these areas are supported by individual policies
- | Staff will be required to have a test for COVID-19 when displaying symptoms and must not attend work if symptomatic. Government guidance on testing must be followed.
- | Daily Living Care Ltd will plan for 'second wave' of COVID-19 and will ensure that there is an awareness of the individual situations of staff as well as any increased risks associated
- | Daily Living Care Ltd will support staff as much as possible and follow all appropriate policies concerning absence and being unable to attend the workplace

5.5 Service User Management

Daily Living Care Ltd will assess the Service Users at Daily Living Care Ltd who are at greatest risk of becoming infected. Daily Living Care Ltd will assess needs based on dependency levels and health conditions.

As a result of the assessment, Daily Living Care Ltd will use a range of tools to promote Service User health during a pandemic:

- | COVID-19 testing
- | Staff use of PPE
- | Robust infection control procedures and hygiene procedures
- | Social distancing
- | Vaccination (Flu)

All the above themes are supported by individual policies that need to be read, understood and followed.

5.6 Training and Support

- | Daily Living Care Ltd will ensure that staff are up to date with Infection Prevention and Control mandatory training
- | Daily Living Care Ltd will ensure that all information relevant to the pandemic is shared with staff and that there is effective communication between departments

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- | Annual briefings for staff involved in the Pandemic Team will be undertaken, and during a pandemic the frequency of briefings will be increased to make sure that staff are up to date
- | All of the business continuity plans will be workshopped annually which will give Daily Living Care Ltd the opportunity to test their response to a pandemic
- | Daily Living Care Ltd will ensure that staff have up-to-date information on any emerging pandemics and that Service Users have access to information that is factually correct
- | Mrs Ashleighanne Tafirenyika will familiarise herself with the business continuity plan and will ensure that Daily Living Care Ltd has an [emergency pack](#) available in the event of a pandemic

5.7 Record Keeping

Records must be kept of all actions, logging events as they happen. It is essential that a comprehensive record is kept of all events, decisions and actions taken - in order to facilitate operational debriefing and to provide evidence for the regulator, local authority or for any enquiries.

Any planning must include how personal, sensitive data will be stored, transferred and communicated and how the GDPR compliance is adhered to.

5.8 Respiratory and Cough Hygiene

Respiratory and cough hygiene will minimise the risk of cross-transmission of respiratory illness.

If there is suspected COVID-19, the waste tissue must be double bagged, tied and kept for 72 hours before disposal. For further information, refer to the **CC34 - Infection Control Policy and Procedure** at Daily Living Care Ltd.

5.9 The use of Personal Protective Equipment (PPE)

PPE is seen as an effective way of limiting the opportunity for passing on or receiving an infection. PPE should be used in combination with other infection control processes.

The use of PPE is governed by a separate policy that details the types of PPE to be worn and in what circumstances.

5.10 COVID-19

Daily Living Care Ltd will ensure that the most up-to-date guidance is known, shared and followed by all staff at Daily Living Care Ltd.

Access to QCS resources in the COVID-19 hub will be promoted to all staff through the use of the App. This will support understanding of how staff respond to any specific incident or concern during the pandemic.

5.11 Flu Pandemic

Daily Living Care Ltd will ensure that Flu is managed appropriately at Daily Living Care Ltd. The latest position regarding vaccination will be shared with staff and Service Users and that vaccines will be provided, or arranged, if the guidance supports inoculation.

5.12 The NHS Contact Tracing App

Staff and family members will be encouraged to download and make use of the NHS Contact Tracing App, which has the following benefits:

- | **Trace:** Find out when a person has been near other app users who have tested positive for coronavirus
- | **Alert:** Lets people know the level of coronavirus risk in their postcode district
- | **Check-in:** Get alerted if a person has visited a venue where they may have come into contact with coronavirus, using a simple QR code scanner - no more form filling
- | **Symptoms:** Check if a person has coronavirus symptoms and see if they need to order a test
- | **Test:** Helps a person order a test if they need to
- | **Isolate:** Keep track of their self-isolation countdown and access relevant advice

Where the App is downloaded and in use, and it indicates that a person (Service User or member of staff) has been near other app users who have tested positive for Coronavirus, they must discuss this with a senior member of staff at the earliest opportunity.

Further information can be found via: <https://www.nhs.uk/apps-library/nhs-covid-19/>.



6. Definitions

6.1 Pandemic

- | A pandemic refers to a worldwide spread of an infectious disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. A pandemic results when a new virus or new virus strain emerges which is very different from previously circulating strains and is able to:
 - | Infect people (rather than, or in addition to, other mammals or birds)
 - | Spread from person to person
 - | Cause illness in a high proportion of the people infected; and
 - | Spread widely, because most people will have little or no immunity to the new virus/strain and will be susceptible to infection

6.2 Influenza or Respiratory Pandemic Disease

- | Outbreaks can be characterised by the sudden onset of a number of symptoms, notably fever, chills, headache, muscle pains, prostration and usually cough, with or without a sore throat or other respiratory symptoms. In a non-pandemic situation, most healthy people recover from these symptoms without complication after about a week, although they may be lethargic and have mild symptoms for longer
- | Complications are mainly respiratory, due to secondary bacterial infections such as middle ear infection (in children), bronchitis and pneumonia. This can lead to admission to hospital, severe illness and death. Respiratory infections may also exacerbate underlying diseases such as asthma, diabetes or coronary heart disease. Those at higher risk of more serious illness may include the very young, people aged 65 and over and patients with chronic chest, heart or kidney disease, pregnant women, persons with diabetes or reduced immunity due to other disease or treatment

6.3 The Civil Contingencies Act 2004

- | The Civil Contingencies Act 2004 defines an emergency as: 'An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.' The definition is concerned with consequences rather than the cause or source and what is a major incident to the NHS may not be a major incident for other local agencies
- | A major incident is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it. A major incident may arise in a variety of ways:
 - | Big Bang – a serious transport accident, explosion or series of smaller incidents
 - | Rising Tide – a developing infectious disease epidemic or a capacity/staffing crisis
 - | Cloud on the Horizon – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action
 - | Headline news – public or media alarm about a personal threat
 - | Internal incidents – fire, breakdown of utilities, major equipment failure, hospital acquired infections
 - | Deliberate release of chemical, biological or nuclear materials
 - | Mass casualties
 - | Pre-planned major events that require planning - demonstrations, sports fixtures, air shows

6.4 SARS coronavirus-2(SARS-CoV-2)

- | Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. They have also been detected in blood, faeces and urine and, under certain circumstances, airborne transmission is thought to have occurred from aerosolised respiratory secretions and faecal material
- | Coronaviruses can be destroyed by a wide range of disinfectants. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it
- | As SARS coronavirus-2 (SARS-CoV-2) has only been recently identified, there is currently limited information about the precise routes of transmission. Therefore, this information is based on knowledge gained from experience in responding to coronaviruses with significant epidemic potential



such as Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV)

- | The Coronavirus outbreak was declared a pandemic on 11 March 2020

6.5 The Detect, Assess, Treat, Escalate, Recover (DATER) Framework

- | The UK approach uses a series of phases referred to as “DATER” - The Detect, Assess, Treat, Escalate, Recover (DATER) Framework. The World Health Organisation has advised that pandemic flu plans follow the DATER Framework. The UK approach for action in a future pandemic takes the form of five phases: DETECT, ASSESS (Evaluate), TREAT, ESCALATE and RECOVER (DATER) and incorporates indicators for moving from one phase to another. The phases are not numbered as they are not linear, and it is possible to move back and forth for jump phases. In a severe situation, it may be necessary to activate DETECT and ESCALATE at the same time, then TREAT and ESCALATE concurrently

6.6 Emergency Pack

- | One of the most useful actions that you can take to cope with an incident is to have prepared an “Emergency Pack” in advance. [The Cabinet Office Toolkit on Business Continuity Planning](#) details what the pack must contain

6.7 Virus

- | Viruses are very tiny germs. Viruses cause diseases such as HIV, Smallpox, SARS coronavirus-2 (SARS-CoV-2)
- | SARS coronavirus-2 (SARS-CoV-2) is the name of the virus and the associated disease is COVID-19



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | A pandemic response requires that business continuity plans are developed to cope with the rise in the number of cases of the infection and the impact this will have on staff, Service Users and the infrastructure within the country where supplies may be disrupted such a food, fuel, medicines and transport
- | A pandemic is the worldwide spread of a new disease
- | This policy is supported by a wide range of other policies that detail how COVID-19 should be managed at Daily Living Care Ltd
- | Daily Living Care Ltd has a business continuity plan and will use a checklist to ensure preparedness for a pandemic
- | Everyone should be encouraged to download and access the NHS COVID-19 Contact Tracing App



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | Daily Living Care Ltd has a plan in place to manage your care and support if there is a pandemic
- | You must tell Daily Living Care Ltd if you feel unwell and you develop symptoms such as a fever, cough, sneezing, runny nose, loss or change in your normal sense of smell or taste and think you may have come into contact with someone who may have been exposed to a virus like coronavirus
- | Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitiser if soap and water are not available. This is particularly important after taking public transport
- | Avoid touching your eyes, nose, and mouth with unwashed hands
- | If you feel unwell, stay at home, do not attend work
- | Cover your cough or sneeze with a tissue, then throw the tissue in a bin. Catch it, bin it, kill it is the advice from the government
- | If you are worried about your symptoms, do not go directly to your GP or other healthcare environment. 111 can give advice on the phone if you cannot use the 111 internet coronavirus service



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Coronavirus Public Health Campaign:

https://www.youtube.com/watch?v=BEJHHuT9_ig&feature=youtu.be

Cabinet Office - Pandemic Influenza Checklist For Businesses:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61986/060516flut

NICE and SCIE - Quick Guide Infection Control in Care Homes (Relevant to Domiciliary Care):

<https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf>

Skills for Health Infection Control E-learning Non Clinical:

<https://www.skillsplatform.org/search?>

[sector_id=&category_id=&deliverymethods=32&orderby=&page=0&keywords=infection+control+prevention+non-clinical&location_title=&location_id=&maxdistance=&minprice=&maxprice=&fromdate=&todate=](https://www.skillsplatform.org/search?sector_id=&category_id=&deliverymethods=32&orderby=&page=0&keywords=infection+control+prevention+non-clinical&location_title=&location_id=&maxdistance=&minprice=&maxprice=&fromdate=&todate=)

Skills for Health Infection Control E-learning Clinical:

<https://www.skillsplatform.org/search?>

[sector_id=&category_id=&deliverymethods=32&orderby=&page=0&keywords=clinical+infection+control&location_title=&location_id=&maxdistance=&minprice=&maxprice=&fromdate=&todate=](https://www.skillsplatform.org/search?sector_id=&category_id=&deliverymethods=32&orderby=&page=0&keywords=clinical+infection+control&location_title=&location_id=&maxdistance=&minprice=&maxprice=&fromdate=&todate=)

E Learning for Health - Infection Control Modules:

<https://www.e-lfh.org.uk/>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | Risk assessments reflect equality and human rights legislation, as well as Service User capacity
- | Daily Living Care Ltd has developed robust contingency plans to ensure that the service can continue to operate effectively and safely during incidents (e.g. staff emergencies, heatwaves, flood, fire or loss of services)
- | Daily Living Care Ltd provides accessible information to people who need care and support about how to keep themselves safe and report concerns
- | Daily Living Care Ltd involves Service Users (and/or their family/advocates) in identifying and managing risks associated with cleanliness, infection control and hygiene
- | The wide understanding of the policy is enabled by proactive use of the QCS App
- | There is a culture which encourages concerns about cleanliness, infection control and hygiene and how these can be raised and responded to
- | Managers and staff know how to escalate issues and alert appropriate agencies to help control infection and protect others using the service or in the community
- | Daily Living Care Ltd has an Infection Control Lead who is passionate about their role and dedicated to providing a high level of cleanliness. They keep up-to-date records detailing spot checks, cleaning rotas and hand hygiene audits. They regularly meet with the staff team to discuss a range of issues, from the prevention of common seasonal viruses to good hand hygiene etc.



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Pandemic Checklist - HS13	This checklist should be used as part of business continuity planning. It is designed to support planning, thinking and business preparedness	QCS
Action Plan Template - HS13	To support the checklist. When actions need to be taken to ensure that robust plan is in place.	QCS

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Task	In Progress	Not Started	Completed
Business Continuity			
Have you identified a pandemic co-ordinator/team in your business with defined roles and responsibilities?			
Have you checked if your business continuity plan is up to date and tested in the last 12 months?			
Does your plan have a clear escalation process in an emergency so that your teams always know who to contact?			
Are all contact details including those of your workforce and their significant others up to date?			
Do you know how many of your staff have dependants – children, elderly relatives?			
Have you told all your staff about your business continuity plans?			
Do you have up-to-date information from your Local Authority, your regulator, Public Health England, Trade body e.g. NCF/ /NCA, other?			
Have you worked out, as part of your plan, how many staff (not care) you will need to safely run your service?			
Do you know many care staff you need to operate your service safely?			
Have you thought about what will happen if other key staff are unavailable?			
Have you thought about staff skills and other roles they can support with in the event you have gaps in your workforce?			
If you subcontract your workforce, what plans do your suppliers have?			
What is your plan if your staffing levels drop and you cannot support your service?			
Do you have a pool of staff that can cover in an emergency?			
Have you checked your local commissioning plans?			
Do you know who to contact if a member of staff, a Service User or relative becomes unwell			
Do you have access to signage if you have an outbreak?			

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Task	In Progress	Not Started	Completed
Policies			
Has your Sickness Absence Policy and Procedure been communicated to staff?			
Do staff have access to the COVID-19 hub and the range of policies and other resources developed to support understanding in this area?			
In the early stages of a pandemic, do you have a plan to review annual leave requests with a view to postponing leave during the peak of the pandemic?			
If you plan to postpone leave, how will staff be able to take their leave when the pandemic is over? <ul style="list-style-type: none"> • Buying annual leave days out after the pandemic • Allowing carry-forward of annual leave days owed • A combination of buying out and carrying forward annual leave days 			
Do your staff understand the Unable to Attend Workplace Policy and Procedure?			
Do your staff understand your Compassionate Leave Policy and Procedure?			
Do your staff understand the Parental Bereavement Leave and Pay Act which will entitle them to 2 weeks' paid leave in the event their child under18 dies (from 06/04/2020)?			
Do you have a clear, flexible working plan - can staff work from home, can you stagger working hours?			
Do your staff understand the Infection Control Policy and Procedure?			
Is infection control training up to date and does it include handwashing techniques, PPE, cough etiquette and have you highlighted the Catch It, Bin It, Kill It campaign?			
Does everyone know what to do if staff become ill at work with the suspected virus? Does your policy include mandatory paid sick leave?			
Do your staff understand their role and responsibilities in the event of an unexpected death of a Service User?			
Do you have a policy that is clear and is communicated on how staff should raise concerns and what they should do if they feel they are not being listened to?			
Do your staff know how to escalate concerns about a Service User if they feel they are at risk?			
Do your employment contracts allow staff to be redeployed?			
What is your emergency policy if you have no DBS cleared staff to provide a service?			
Do you have cleaning and decontamination procedures in place?			
Do your staff understand how to dispose of clinical waste?			
In the event of a fuel shortage, will your plan include providing staff with money for fuel in an emergency?			
Have you reviewed your cash flow to ensure that you have a contingency budget?			

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Task	In Progress	Not Started	Completed
People – Service Users			
Are your Care Plans and risk assessments up to date?			
Have you got up-to-date information about your Service Users’ significant others?			
Do you have up-to-date GP contact details?			
Do you have procedures in place for prescription collections?			
Do you have enough numbers of staff to cover your usual rotas?			
Have you assessed the dependency levels of each of your Service Users to prioritise the most at risk that will always need care?			
Do you have capacity to accept more Service Users in an emergency?			
Do you have reliable information you can share with Service Users in an accessible format?			
Do your Service Users understand the importance of good hand hygiene and the Catch It, Bin It, Kill it Campaign?			
Do you have enough and accessible infection control supplies (hand hygiene equipment, tissues, disposal facilities)? Do you have enough for visitors/Service Users?			
Have you anticipated any fear, rumours, anxiety and misinformation and do you have a rapid communication strategy in place to manage this?			
Do you have a definition of what an outbreak is? (confirm if it is 2 or more)			
Do you have a plan if you need to close to new referrals? Have you checked any contractual requirements?			
Do you know which of your Service Users rely on your services for: Shopping collection and how frequently? Paying bills or managing finances? Attending day centres or needing help with school work etc? Medication supplies?			
What is your admission plan when a Service User is being discharge from hospital?			
Do you have a plan if you need to close to new referrals?			
Do you have a plan for Service Users who lack capacity to ensure that they can be cared for safely and reduce any anxiety they may have?			

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Task	In Progress	Not Started	Completed
People - Your Staff			
Does your plan allow for staff absences due to personal illness, family member illness, community containment measures and quarantines, school/business closures, public transport closures?			
Do your records indicate which staff may be more at risk during a pandemic due to illness or disability, e.g. heart condition, respiratory problems, immunosuppressed?			
Do you know which of your staff might be/are pregnant?			
Do you have any young workers?			
Do you have a plan in place to manage any anxiety or questions your workforce may have?			
Do you have a plan to support your workforce if a vaccine becomes available?			
Is your workforce aware of their roles and responsibilities during a pandemic?			
Do your staff know what to do if a Service User becomes unwell?			
Do staff who do not currently have a DBS have skills that could be used to support Service Users and do they need a DBS check in preparation?			
Are you able to separate staff who have cared for an infected Service User from those who have not been exposed?			
Does your plan regarding any agency workers include checks on whether they have been exposed to the virus?			
Have you assessed the hours staff are working to make sure they comply with the working time directives and the correct number of breaks?			
Do you have any staff who will be willing to opt out of the WTD whilst ensuring sufficient rest breaks?			
Will you be able to provide transport for staff to get to your location?			
Do you know how your staff travel to work?			
Do you know where they live and how you will stay up to date if any infection hot spots occur?			
If you must relocate your services, what is your plan to reimburse your staff's travel costs?			
Will you be able to provide accommodation for staff to stay closer to your service during a pandemic if required?			
Do you have an option to lease transport for staff if there are transport issues?			
Do your staff know who to contact if they become unwell at home – 111, stay at home and seek advice?			
Are you a member of any local forums, can you buddy up with other local providers?			
Do you know which of your staff may be willing to work at another location?			
Do you have more than one person who holds the keys?			
Do you have more than one person who is trained to administer medication?			
Does your plan include provision for where any specialist clinical or support skills are required, e.g. PEG feeding, controlled drug administration, Service Users with behaviour that challenges?			
Do staff know how to notify the regulator and what they must notify?			

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Task	In Progress	Not Started	Completed
Technology			
Do you have more than one person who is trained to manage the finances within your service – paying invoices, payroll, petty cash?			
Do you have more than one person who can access personal records (staff/Service User)?			
Do you have more than one person who can manage orders/supplies?			
If you must relocate your services, how will your staff access records?			
Does more than one person know how the internet and email system works and what they should do if it goes down?			
Do you use any electronic Care Planning software/ rostering/ electronic call monitoring – does more than one person understand how to use it?			
How do you order your medication – can more than one-person order medication and receive prescriptions including controlled drugs?			
If your premises must close, how will you ensure that personal, sensitive data is protected and that it is secure?			
Do you have a system for keeping records up to date during the pandemic?			
Have you thought about how you will record any changes you have made so that you can return to normal quickly?			
Do you have good communication processes in place so that you can update staff of changes quickly during shifts and at handover?			

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Task	In Progress	Not Started	Completed
Suppliers and Partners			
Have you checked your stock levels to ensure that you have enough equipment and supplies to manage during the pandemic waves?			
Do you have a plan to be able to share best practice/resources in your local area to improve community response efforts?			
Do you know what your community pharmacy plans are?			
Do you know what your local food supply plan is going to be?			
Do you have access to your local authority contingency plan?			
Do you have contact details for your region's Public Health England Centre?			
Have you shared your plan with your commissioners?			
Have you contacted any voluntary sector organisations that may be able to help with supplying volunteers?			
Do you have named contacts at your Worcester city Council who can provide advice?			
Do you have a system in place for escalating central alerts quickly and documenting any action required?			
Have you encouraged all stakeholders to download and access the NHS COVID-19 Contact Tracing App?			

