

COVID-19 Contingency Planning



FAQs

Since the beginning stages of the pandemic, Skills for Care has been asked questions in relation to creating a successful COVID-19 Contingency Plan.

We have included some key questions here to complement our Contingency Planning focused associated webinars which are available to watch.

Here is a summary of the FAQs covered and some quick links to them:

General	
The people you support	
Other	

Why do we need a COVID-19 Contingency Plan?

A COVID-19 contingency plan will help you plan to maintain your service in direct response to issues presented by the pandemic. You can align it with the wider focus of your Business Continuity Plan, helping you to link these resources together and avoid duplication.

COVID-19 is a key area of disruption to our service. Since the initial outbreak it has impacted services in different ways but sadly for some, they experienced close to a 'worst case scenario' in the loss of people they supported to the virus. A COVID-19 Contingency Plan can help protect your service as best as possible. It allows you to detail the measures you have taken, or are going to take, to ensure the safety and wellbeing of service users and staff members and continuity of our service.

What's the difference between a Business Continuity Plan and a Contingency Plan?

Your Business Continuity Plan will have a much broader focus than the Contingency Plan, though both are of equal importance.

For example, your Business Continuity Plan will most likely include risks and mitigations related to issues including utility supply failures, premises being inaccessible due to a bomb scare etc. Whilst your Business Continuity Plan will consider a wide range of scenarios which could impact your service delivery, your Contingency Plan will focus specifically on a specific known risk.

At the beginning of the pandemic, some services were able to immediately build upon their earlier scenario planning within their Business Continuity Plan related to flu or a pandemic. With the pandemic impact almost all areas of care delivery, producing a separate plan can help focus on the specific issues and mitigations needed to protect the service from COVID-19.

Do we need to produce a Business Continuity Plan and a COVID-19 Contingency Plan?

Having a separate plan can help you to focus on COVID-19 specific issues that may impact your service and the associated mitigations. It can help to focus on these issues and not confuse matters with your wider Business Continuity Plans.

However, some services are very successfully addressing COVID-19 Contingency Plans as part of annexes to their Business Continuity Plans. If this works for you, there may be no need to produce a separate plan.

Our Contingency Plan put us in a good place right at the beginning of the pandemic. We already had a good Business Continuity Plan and we added COVID-19 to it. What we were able to do in the first few weeks was phenomenal and we were able to do a full office test of the processes prior to lockdown, ensuring we had confidence in our plan from when we started working from home the following week.

Carers Trust, Heart of England



How can we use Risk Assessments to inform our Contingency Plan?

Using risk assessments to inform your COVID-19 Contingency Plan will help you to mitigate issues that could impact all parts of your delivery. The risk assessment process should be applied to all aspects of the care and support and what is needed to maintain these, including your people, workforce, environment etc.

For all risks identified, consider how to incorporate these into your Contingency Plan with clearly identified mitigation to help you to remove the risk or at very least minimise it from impacting your service.

Risk assessments were vital in informing what we did. We developed a RA for every area of work, for our staff, (now using the BMA Risk Assessment to identify those staff most at risk and mitigate the risk). Before doing any activities in the locations there needs to be a RA with a risk mitigation plan in place.



The ExtraCare Charitable Trust

How long should our COVID-19 Contingency Plan be?

The length will vary depending on your service, what you decide to include and how you link your COVID-19 Contingency Plan to other documents (for example, associated policies and procedures, Business Continuity Plan etc.).

Skills for Care has seen COVID-19 Contingency Planning examples from adult social care providers that have ranged from 2-pages to over 100-pages. Whilst the former included very little detail and was closer to a statement of intent, some of the longer examples tried to incorporate a lot of externally produced information about COVID-19 which could have been signposted to from the plan.

It's important that your COVID-19 Contingency Plan is a practical document that is easily accessible for those using it. The majority of examples reviewed varied from between 10 to 30 pages, which seemed to cover key associated issues.

We knew that COVID-19 as a pandemic was not going to go away any time soon, so we really needed to get a contingency plan in place so all the information we needed and procedures were in one place.



At first we didn't know where to start, we couldn't find anything to gauge whether what we was doing was right, and other managers seemed to feel the same. It originally started as a 2-page document but soon went up to over 50 pages which was too long. We have refined it and got it down to a 15-page guide.

Eastern County Care

What Contingency Plan template should we use?

Given that there is no one plan that would be appropriate to all organisations, Skills for Care has not produced a COVID-19 contingency plan template. There are a number of free resources and examples of COVID-19 Contingency Plans online that can help you. For example, this version here produced by a business consultancy and freely available online. Some Local Authorities produce COVID-19 Contingency Plan templates that they either request services they commission to complete or can optionally use.

Why should we review our Contingency Plan now?

The majority of services have kept their Contingency Plans under regular review since the beginning of the pandemic, but we have seen recent examples that largely relate to the initial lockdown period.

With the combination of usual winter demands and COVID-19 on care services, it is particularly important that your plan is reviewed to ensure it is robust enough for the months ahead. The rise in infection rates and increased local lockdowns across much of the country will impact all services either directly or via supply chains and so now is good time to review. Likewise, you will have learnt a lot from your initial response to the pandemic and if you have not had chance to incorporate this into your original plan, now is the time.

Don't assume this is the only problem which can kick in. Plan for the other problems which could happen such as a worse bug, internet failure, fuel shortages, medication shortages.



Doris Jones Ltd

What amount of information should we include about COVID-19?

The plan needs to be practical and useful to your service. There is a constant flow of new information, guidance and advice about COVID-19 so providing practical ways to signpost to this can help avoid your plan become overwhelming.

With more information and understanding of the virus being published each month, keeping up to date information can help you maintain as safe a service as possible. This may include providing easy access to information on;

- Incubation period
- How long the virus can survive
- Preventing the spread of infection
- Guidance on Infection, Prevention and Control, PPE usage, social distancing

Consider how this is communicated to the people you support, their families and friends and wider staff. Look to practical ways to check understanding and monitor compliance with new ways of working.

What are the aims and objectives of a COVID-19 Contingency Plan?

By clearly defining the aims and objectives, you can position the COVID-19 Contingency Plan and its intended audience. You may decide to produce different versions of your COVID-19 contingency plan (for example, internal version, public website version) so make this clear. Include here the relationship of this plan and other associated plans (e.g. Business Continuity Plan, Policies and Procedures etc.).

Request copies of other COVID-19 contingency plans that have been produced by other services, as well as your local authority, Clinical Commissioning Group etc. to identify any additional areas for improvement.

The people you support

What should we focus on?

The impact of COVID-19 on the people you support's own wellbeing should not be underestimated. It is important that the service manages to keep them informed about the latest information, helping to alleviate their fears with well sourced and trustworthy information. Your COVID-19 Contingency Plan should look at the people you support and practical ways to protect them.

Many of the COVID-19 Contingency Plan examples that Skills for Care has reviewed has included in this section issues around people's health conditions, their wellbeing, testing, communication, care plans, etc. There is further information about this in the other FAQs below.

The Registered Manager to ensure that services are prioritised for service users that are on the critical list for their needs in the event of the local area being affected by COVID-19.



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What should we include about the people we support at higher risk?

Your COVID-19 contingency plan should look at the people you support and practical ways to protect them. For people who need care and support who may be at increased risk, you may wish to look at the following as part of your plan:

- How you will keep people at increased risk due to specific conditions safe, including how the pandemic may impact them, what mitigations and adjustments are or could be put in place.
- Conditions included but were not limited to; Diabetes, Heart disease, Asthma, Chronic obstructive pulmonary disease (COPD), Cancer, Cystic Fibrosis, Primary Immunodeficiency (PID) etc.
- Your plan could look at a RAG rating of different people's needs has also been referenced, looking at a range of issues such as living arrangements, medication, behaviours which challenge, dietary requirements, falls risk, continence, end of life etc.
- Take into account how the continuation of care could be impacted by events such as severe staff shortages.



We decided to RAG rate our customers. We looked at what might happen such as having COVID+ and we considered how customer demands may change (e.g. would people want fewer care tasks or more), planning just in case.

When categorising our customers, we rated those as Red for those who lived alone and needed help with all activities of daily living. We looked at how we could deliver the care in different ways (e.g. reducing four calls to three) and being creative about how we could adjust how we delivered the care.

For Amber, we looked at people who had more limited needs and talked to customers, family connections and circles of care that could support the person in an emergency. For Green, we looked at those who had limited needs such as respite care and social connections but highlighted that we would deliver as much as we possibly could whilst we had capacity to do that.

Carers Trust, Heart of England

What should we include about Care Plans?

Many services have adapted their Care Plans to reflect how person-centred care can continue to be delivered during the pandemic. It would be useful to reference in your COVID-19 Contingency Plan any changes to your care planning process and procedures.

It may be more practical to briefly reference this in your Contingency Plan and then signpost to further information. This may include:

- Detail of what increased IPC is in place, how will the person be supported through further lockdowns, reduced staffing, communications, connecting with family and friends, social activities etc.
- Dependency levels and consider how the delivery of care may need to be altered in the event of the services experiencing significant staffing challenges.
- For homecare and community-based services, you may also wish to look at what alternative to care visits are possible to minimise risk (e.g. increased telephone contact, meal delivery etc.)

What should we include about the people we support's wellbeing?

The impact of COVID-19 on the people you support's own wellbeing should not be underestimated. It is important that the service manages to keep them informed about the latest information, helping to alleviate their fears with well sourced and trustworthy information. This section of the Contingency Plan may additionally include processes and procedures related to COVID testing, Track and Trace etc. This remains a rapidly evolving issue and including brief reference to key processes in the Contingency Plan and then link to more comprehensive policies and procedures may be the most practical way to address this.

What about the people we support's contact details?

Contact details for the people you support, next of kin, GPs etc. would usually be linked through the Business Continuity Plan and do not need to be repeated. However, you may wish to enhance those with the latest virtual ways to connect with these individuals. Services have looked at what family support structures are in place if the service is no longer able to respond to care needs etc.

What about outbreak management and isolation?

This is a common feature of many COVID-19 Contingency Plans, especially residential services. Your focus on outbreak management could cover the process to report this, actions to be taken when symptoms suspected, isolation protocols, how to safely support people with COVID-19 symptoms, documenting actions, notifying staff, family, and friends.

Whether supporting somebody in their own home or within a care / nursing home, consider what is needed to protect them and your staff during periods of isolation and quarantine? Consider multiple different scenarios and check that your plans are robust enough to maintain safely ways of working.

You should consider the different levels of outbreak and what arrangements need to be put in place in regard to worst-case scenarios, including being unable to sustain the levels of care needed.

The process may involve the use of other care services you are connected to and agreements with your Local Authority.

In the contingency plan, we have focused on the safety of the staff and the people we support for example;

- **Testing is carried out regularly to ensure that an outbreak is caught on time.**
- **In the event of outbreak, test will be carried out immediately to ascertain who has contacted it.**
- **The affected persons will be isolated while the unaffected persons will be moved to another accommodation.**
- **The PPE stock are constantly in supply and stocks are monitored.**

Yarrow





We consulted with staff and care-workers and incentivised them to delay their annual leave or keep to the minimum their annual leave days.

We have bank staff to cover for carers who go into isolation due to COVID 19/catches the winter flu. We will also be looking to recruit more staff in the autumn. In addition, we are working in partnership with other domiciliary care providers as well as local authorities in case there is a shortage of care-workers of certain postcodes.

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Other

Infection, prevention, and control – what should we include?

From the examples Skills for Care has reviewed, many providers focus on what preventative measures have been introduced to protect the people you support and staff. This will vary between different types of services and there may be duplication with existing IPC focus of your Business Continuity Plan. However, you could include:

Cleaning procedures

- environment – whether a community-based offer or residential, it is important to ensure robust workplace cleaning procedures and mitigations are in place.
- Equipment – from hoists, adaptive aids, digital technologies and smart phones etc., all equipment will need to be regularly cleaned
- Clothing – in addition to the use of PPE, staff will need to ensure that their clothes are regularly cleaned in line with IPC procedures. This is equally important for residents in care and nursing homes.

Food and nutrition safety

- Where this is provided by the service, consider what processes have been put in place to ensure that food and drink is safely prepared and served.
- This may include how you clean and store the food and drink; the equipment used to prepare and serve and the environment it served in.

PPE – what should we include?

Access to PPE is seemingly much more stable for providers than at the beginning stage of the pandemic. However, it is still prudent to include focus on this risk and consider appropriate mitigations in your COVID-19 Contingency Plan.

The combination of winter 2020 demands including COVID-19, flu, Norovirus, and associated supply issues from international trade deals could all impact access to PPE. As some providers experienced early in the pandemic, limited access to PPE puts people and staff at increased risk.

Mitigations could be ensuring that you are accessing any free sources of PPE open to your through your local authority or Government support. Keep in regular contact with suppliers to ensure supplies continue to be received. Identify a lead person to manage this element of ongoing planning. Partner with other organisations to bulk order to reduce longer term costs.

We have been proactive throughout our response to the pandemic, with our staff adopting PPE and masks well before it became a requirement. We have been effectively supported to access PPE from Coventry City Council and now via the free eBay route.



Before it was widely being used amongst care workers, we ensured staff had PPE emergency packs that they could use if we took on new clients who had tested positive for COVID-19.

Accord Care and Support

Digital - what should we include?

The first wave of the pandemic saw homecare offices close, staff unable to travel due to limited public transport and other challenges that were somewhat mitigated by effective IT connectivity.

Whilst your Business Continuity Plans may often focus on prompt re-establishing of IT systems, COVID-19 saw care providers focus on how you can continue to connect with staff, the people you support and families over extended periods of lockdown and limited access.

Connectivity, keeping in touch and compliance

- Your additional plans may look at levels of connectivity across your workforce, the people you support, family and friends. It may also look at how you connect with other services, healthcare organisations and your suppliers virtually
- Review your processes of virtual meetings and enabling people to connect with one another (e.g. schedule weekly one-on-one video check-ins).

Data security

- Access to information and handover – with more social distancing and minimising the risk of infection, the increased use of digital tools to share Care Plans, handover notes and essential information
- For staff unfamiliar with handling digital data, ensure that robust procedures are in place and reminders issued in terms of protecting confidential information.
- NHSmail – access to this system was fast-tracked for many services as a result of the pandemic so maintaining access to easily connect and share data with other services is important.
- Capacity Tracker – this was introduced for many services during the pandemic and continued use and regular updating will need planning and resourcing

The Registered Manager for each location introduced remote working arrangement for office staff, limiting business travel, particularly to high-risk areas and consider alternative communication solutions (e.g. videoconferencing).



We implemented flexible or home-working arrangements and accommodate requests. We reviewed technology and equipment used to cater for a surge in remote working are reliable and whether further measures are necessary to maintain customer confidentiality.

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Financial - what financial risks and mitigations should we focus on?

The pandemic will likely put additional financial strains on your service and so mitigating these risks is something that forms part of your COVID-19 contingency plan.

Appoint a lead for financial risks and mitigations. Ensure more than one person understands and can administrate your financial processes. Try to anticipate where cost of items is likely to increase and plan ways to keep these costs down. Keep in contact with other services, your Local Authority and monitor Government funding initiatives that could help.

Plan practical ways to highlight that your service is continuing to deliver safe care and remains 'open for businesses from positive online articles, client and family newsletters and wider marketing. Consider how this is being communicated to alleviate fears for existing and new people you support.

If you are needing to pay for services, check with your suppliers around invoice timeframes and flexibility about making payment. If you have debtors, ask them when they expect to pay you.

Local lockdowns - how should we incorporate these?

Throughout the months ahead, all adult social care providers will be keeping a watchful eye on the evolving situation in terms of local lockdowns and areas of increased risk.

For multi-site services whose care covers locations where different rules and guidance applies, the issue may be tackled by each location having a specific plan or elements of a companywide plan that is supported by additional annexes or associated documents covering the local context.

The impact of some local lockdown measures may echo the earlier national lockdown in terms shielding, access to clients, visitors within residential services, isolation and changes to how care and support is delivered.

Your COVID-19 Contingency Plan could ensure you closely monitor the well-being of the people receiving support, introduce a visitor's policy which covers all potential situations and scenarios (including suspending visiting if necessary) and developing a staff cover plan specifically for this scenario.

Closure – how do we plan for this?

It is important to address this difficult issue as some services have already struggled to sustain themselves during major outbreaks of COVID-19.

It is vital to be able to recognise when the service is no longer able to sustain itself and to consider how such a situation can be managed. The impact from service closure is considerable and would result in the loss of support to people supported and loss of jobs for staff teams / redundancies.

Mitigations to consider include link with local contracts (QA) teams, commissioners and CQC. Your organisation's contingency plan could identify key people and key actions to be taken, including possible redeployment of staff to other care providers and/or packages of support.

Further information and advice about COVID-19 Contingency Planning is available from

www.skillsforcare.org.uk/COVID-19webinars