

COVID-19 Guidance in Shared Residential Settings

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Executive summary

Purpose of this guidance

This document sets out the key principles of infection, prevention and control (e.g. 2m social distancing, good ventilation and air flow, cleaning and disinfecting contaminated surfaces, good hand hygiene etc.). These are the main preventative measures that reduce the risk of COVID-19 in your setting to keep staff, visitors and residents safe.

Please note: The document is designed to assist those responsible for risk assessment or carrying out mitigation in sheltered housing and extra care settings. Each setting is advised to apply these measures with reference to its own specific circumstances. As much as possible, the aim is to eliminate risk. However, if that is not practically possible, put in place measures and controls that reduce the risk of infection to the lowest level.

The guidance also contains information about [how to respond to a suspected case of COVID-19](#), [how to manage a suspected outbreak](#), [how to communicate your plans](#), and examples of [health promotion materials](#) that you can display to encourage people to follow distancing guidance and hand hygiene.

For ease, sheltered housing and extra care settings are referred to as shared residential settings in this document. Some Supported Living Providers may also utilise parts of this document to apply to communal settings (where their residents are not considered part of a single household).

How is COVID-19 spread?

COVID-19 (SARS-CoV2 virus or 'coronavirus') is spread mainly through respiratory droplets produced by an infected person during conversation, eating and activities which require 'forced breathing' like shouting and singing, as well as coughing and sneezing. These droplets can land in the eyes, mouths or noses of people who are nearby or be inhaled into the lungs. Spread is more likely when people are in close contact with one another (less than 2 metres) for periods of 15 minutes or more.

The virus is also spread when droplets land on surfaces which are then touched by others and the virus transmitted on hands to face, eyes, nose and mouth. The virus which causes COVID-19 (SARS-CoV2) can stay alive on some surfaces for up to 72 hours – 3 days. The virus is more likely to spread in closed indoor settings than outside.

How can we control spread of COVID-19 virus in a shared residential setting?

A distance of 2m between people limits the spread of the infection by droplets by placing people beyond each other's exhaled droplet clouds.

Government have advised that from 4th July 2020, 2m distancing between people should be maintained as much as possible. If it is not possible, 1m distancing is allowed providing mitigating factors (such as face coverings) are put in place.

We strongly recommend that 2m distancing is maintained. If you have to have 1m distancing, all visitors to the setting should wear face coverings and interactions should be kept brief (i.e. substantially less than 10-15min interaction). Please note that in these settings, we recommend that visitors wear face coverings.*

You can take the following steps to minimise the spread of COVID-19 in your setting:

1. Enable and encourage 2m distance between people. Think about:

- Personal flow through the setting
- How your indoor and outdoor space can be arranged to encourage 2m space between individuals
- Managing access including booking system for visitors and rota for shared spaces
- Stagger arrival and departure times for staff and visitors
- Support that you may need to give certain residents who have difficulty socially distancing, e.g. where there are concerns related to mental capacity / impulsive behaviours

You should also consider whether certain activities, sessions and classes can safely take place, keeping in mind the need to socially distance, as well as encouraging staff, residents and visitors not to use public transportation and to walk or cycle if/when possible.

2. Ensure good ventilation and airflow in your shared residential setting

Natural ventilation can help to clear droplets from the air: open the windows, set your air conditioning intake to 100% external new air. In a windowless space without air conditioning allow 30 minutes to 1 hour to pass after use for meetings or visits.

3. Reduce contamination of surfaces

The length of time the COVID-19 virus can survive on a surface depends on the material: Plastic - up to 72 hours, Stainless steel – 48-72 hours, Paper/Cardboard – 24 hours, and in the air up to 3 hours. To reduce transmission of the virus:

- i. Establish frequent cleaning and disinfecting routines especially for commonly touched surfaces
- ii. Establish cleaning and disinfecting rotas and routines for shared mobile devices (e.g. tablets) and in line with manufacturer instructions
- iii. It is best practice to change into and out of uniforms/work wear at work and not wear when travelling to and from work
- iv. Encourage staff, visitors and volunteers to bring their own water bottle to the setting. If possible have a dedicated water refill tap. Staff/visitors and volunteers should wash their hands after use.
- v. For visitors, make a decision not to distribute water in anything other than personal bottles or single use cups to visitors during this time.
- vi. Assign a visitor toilet and increase frequency of toilet being cleaned and disinfected (4x per day). Display signage about closing the toilet lid before flushing and ensure facility (including soap) is available for visitors to wash their hands and dry them (offer disposable towels)..

4. **Promote good hand hygiene**

Washing your hands with soap and water for 20 seconds is one of the simplest ways to protect yourself and others from COVID-19 as well as other illnesses. Make sure you:

- i. Provide facilities so that staff, residents and visitors can wash their hands and dry them – don't share towels instead offer disposable ones that are binned after use
- ii. Offer hand sanitiser if washing facilities are not available – remember to refill regularly
 - a. Hand sanitiser should contain a minimum of 60% alcohol.
- iii. Encourage regular hand washing among staff, and enable visitors to either wash their hands with soap and water and/or with hand sanitiser as soon as they enter the setting and after using the bathroom.
- iv. Share this best technique [video](#) with staff and residents.

5. **Promote safe food preparation, distribution and consumption**

It is very unlikely that coronavirus is transmitted through food. However, it is more important than ever to ensure that food is prepared and distributed safely:

- Follow [food hygiene guidance](#)
- Ensure that anyone handling food washes their hands more frequently with soap and water for at least 20 seconds, and
- Follow appropriate [cleaning and disinfecting](#) protocol, especially for frequent touch sites.
- Do not allow visitors to bring and share food in communal areas.

PPE (in this situation a fluid-repellent surgical mask - FRSM/IIR, and disposable gloves) should be worn when serving food which will not be further washed or heated. You should also consider how you can arrange your setting to enable staff and residents to consume their food in an environment which maintains 2m distancing, ensures ventilation and prevents contamination through objects (such as not sharing cutlery).

6. **Regular testing**

Both staff and residents should be tested as a whole home at regular intervals. It is essential that you communicate with your residents and staff on the need for testing. For locally arranged testing, consent documentation will be provided with swabs. For more information on consent to treatment, refer to <https://www.nhs.uk/conditions/consent-to-treatment/>

These are self-test kits and you should encourage staff and residents to administer their own tests. A useful video about how to take a coronavirus self-test can be found [here](#). An easy read 'How to have swabs taken' can be found in the section [Easy to Read Communication Products](#). For residents who are unable to self-test, get in touch with Newham Public Health Team - PublicHealthEnquiries@Newham.gov.uk

How often should residents and staff be tested?

Residents:

- Residents should be tested every month at 28 day intervals

- All new admissions should be tested before admission or on admission, and treated as positive for 14 days and therefore would need to be isolated for those 14 days and join the 28 day testing cycle when due.
- A training and support service is being developed if required for staff to gain skills and confidence in being able to either test residents or support residents to test themselves.

Staff:

- Staff should be tested weekly. Initially while this is being set up there will be pressure on the swab delivery system so weekly swab testing may be hard to achieve. You should aim to test fortnightly at first and increase to weekly when the system capacity allows.
- Agency staff should be tested at the start of their first shift and then weekly thereafter

How to get whole home tested

If you are a CQC registered home, staff and residents can be tested (that is the whole setting and if necessary individual residents) through the national portal - <https://www.gov.uk/apply-coronavirus-test-care-home>. You will need your CQC number to register your request on the portal.

If you are not CQC registered home or the national portal refused your testing request, you can use the local NEL portal - <https://nhscovidtestlondon.onk2.com> or call 0191 691 3656

If you have problems registering with or operating either site- contact PublicHealthEnquiries@Newham.gov.uk.

Do we need to wear **Personal Protective Equipment (PPE)?**

PPE is designed to protect you at work. It is one part of a safe system for working. Other parts include, distancing – 2m, hand hygiene, cleaning (or isolating items), isolating for people with symptoms and risk assessment. You will probably be familiar with using an apron and gloves but masks and eye protection may be new to you.

All visitors to a shared residential setting should wear a face-covering and wash their hands on arrival. Situations where PPE should be worn can be found [here](#).

It is important to help residents to understand why you are wearing PPE – some people may be frightened by the sight of someone wearing PPE, especially masks as they may be hard to recognise as a result. If you have to wear a mask, consider attaching a laminated photo of yourself to your clothing if that would help residents in your setting.

PPE is only effective in protecting you and your client if it is put on (donned) and taken off (doffed) in the right order with the right technique. You should familiarise yourself with the order and technique.

These videos summarise the detail and technique well. You should watch until you can follow exactly. Keep the video to hand to act as a guide.

- [PHE – Donning and doffing](#) video which is COVID specific.
- This one is particularly helpful on [apron donning](#).

- This [fact sheet](#) is a quick guide.

How can we protect people with underlying health conditions or risk factors of COVID-19?

Older people, people with certain long term health conditions, men, Black, Asian and some other ethnic groups are disproportionately affected by COVID-19 (see [Risk of Severe Illness](#)). Most of this is linked to health conditions and risk factors for health conditions.

The Government has set out guidance to protect [clinically extremely vulnerable](#) people from coming into contact with the virus which includes guidance to enable people who are shielding to meet with others outside their household.

Although COVID-19 infection rates have decreased significantly over the last few weeks, it is important to discuss these changes with each resident and identify what is best for them and depending on their clinical vulnerability and personal circumstance (e.g. ability to comply with distancing). Ideally, a [risk assessment](#) should be completed for each resident and staff member which identifies their level of risk with the aim of eliminating risk posed to them, or substituting their normal activities with activities that pose less risk. Throughout this process, it is essential to make sure that the resident is included in discussions and decisions, so they'll have the best chance of understanding what is happening, and of staying in control of their lives.

How do we respond to a suspected case of COVID-19?

If a person develops COVID-19 symptoms, follow these steps:

- **Immediately** - The person (e.g. resident/visitor/staff member) should leave immediately and go home /back to their room or self-contained flat by the most direct route and avoid public transport where possible. If they have a face covering this should be put on immediately. Wearing a mask reduces the spread of virus from someone with symptoms by up to 85%.
- **Stay home, isolate** – the person should be sent home and isolate for 7 days. Their household should isolate for 14 days, even if they don't have symptoms. This applies to those who call in sick with COVID-19 symptoms. Anyone who has had close contact with an individual who has tested positive should isolate for 14 days.
- **Get tested** – To arrange a test for a resident, contact their GP. For staff, tests can be ordered at <https://nhscovidtestlondon.onk2.com>
- **Seek medical attention** – in an emergency call 999, otherwise do not visit your GP, instead call 111 or visit <https://111.nhs.uk/covid-19/> for a person with COVID-19
- **Clean and disinfect** - If a person is sent home from the setting with symptoms you may need to carry out a [deep clean](#)
- **Notify LBN Public Health Team** – we can provide support and advice about how to mitigate further potential infection

If you require further support contact LBN Public Health Team at Public Health Enquiries PublicHealthEnquiries@Newham.gov.uk

Introduction

The following guidance is designed to assist those responsible for risk assessment or carrying out mitigation in sheltered housing and extra care settings. It provides guidance and information about the type of measures, steps and controls that you can put in place to keep your residents, staff, and visitors safe. It also includes information about how to safely respond to a suspected case of COVID-19, as well as examples of health promotion materials which may be useful.

For ease, sheltered housing and extra care settings are referred to as shared residential settings in this document. Some Supported Living Providers may also utilise parts of this document to apply to communal settings (where their residents are not considered part of a single household).

Whilst this guidance will be updated as required, it is the responsibility of all settings to keep up to date with any changes and/or new guidance materials published by central Government. You can also find useful information and resources on the [Newham Council Provider Zone](#).

How the guidance should be used

The guidance sets out preventative measures and controls that can be put in place to reduce the risk of COVID-19. Each setting should complete a risk assessment which directly addresses the risks associated with COVID-19 and apply the appropriate measures and controls to reduce the risk to the lowest level.

A COVID-19 risk assessment must include:

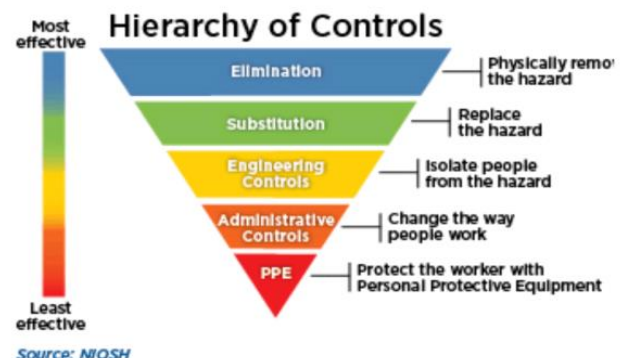
- identify what activity or situations might cause transmission of the virus
- consider who could be at risk
- determine how likely it is that someone could be exposed
- identify what measures/controls can be put in place to reduce the risk to lowest level

The hierarchy of controls is a useful tool to help you to consider the order to follow when planning to reduce risk that an activity or situation might cause in your setting. The Health and Safety Executive have produced guidance about how to use the hierarchy of controls, how to complete a risk assessment, as well as templates to complete a risk assessment. These can be found [here](#). A template risk assessment is provided at the end of this document.

More general COVID-19 guidance can be found on the government website - <https://www.gov.uk/coronavirus>

A [glossary](#) of terms is provided at the end of this toolkit.

HIERARCHY OF CONTROLS



About COVID-19

Symptoms

Adults

In adults the defining symptoms are:

- A high temperature (>37.8C- feel hot to touch on back or chest)
- A new, continuous cough (3 episodes of coughing in 24 hours or one hour of coughing)
- A loss or change to sense of smell or taste

Anyone with one or more of these should isolate and arrange a [test](#) which ideally should be taken during the first 5 days of symptoms and preferably first 3. It is important to note that for older people who feel unwell or are not themselves (low appetite/confusion), we suggest that you call the GP or NHS 111 to discuss their symptoms.

Children

Children are more likely to have no or mild symptoms of respiratory illness when compared to adults. For children that do exhibit symptoms, they may include:

- The above symptoms
- Gastrointestinal symptoms including diarrhoea

What About Diarrhoea?

Some children and older people have been observed to have diarrhoea as part of COVID-19. And swabs show that both adults and children have virus in their poo. For this reason toilets should be cleaned regularly, often and thoroughly and toilet access and usage managed carefully for children staff and visitors.

If a child has diarrhoea this may be a sign of many conditions, most of them infectious e.g. norovirus. The child should go home and stay at home for two days longer than the diarrhoea lasts. COVID-19 actions do not need to be taken.

Diarrhoea - Go home stay home until better + 48 hours. No C19 test. No isolation. No need to isolate the bubble.

Risk of Severe Illness

Most people who have the COVID-19 illness experience mild to moderate symptoms and recover fully without medical treatment. However, around a fifth of people become severely unwell. Being older in age and being male are two of the biggest indicators of severe symptoms. Living in a deprived area or of Black or Asian ethnicity also increase risk of poor outcomes at the population level.¹

¹ <https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1>

The higher rates of severe illness and death in Newham, and among communities of African and Asian origin in the UK (seen in April and May 2020), are likely linked to a number of factors:

Increased or earlier exposure to the virus - as a result of job role or living circumstances, urban living and poorer air quality, and higher levels of underlying health and risk conditions. Some of the analysis of data on increased bad outcomes for COVID-19 among Black and Asian communities has explored most but not all of these issues together. So there may be other factors not yet known. When considering ethnicity as part of individual staff risk assessment this should first be through the lens of health conditions and risk factors rather than ethnicity itself. Mitigations - like taking Vitamin D supplements, having a lower threshold for shielding should be considered for Black and Asian staff, volunteers and community members.

Certain pre-existing conditions can put people at greater risk of becoming severely unwell if they contract COVID-19. The pre-existing conditions that are of concern include high blood pressure, diabetes, cardiovascular diseases, and kidney disease (see [NHS shielding list](#)). Some specific medical conditions based on what we know about the virus so far, place some people at greatest risk of severe illness from coronavirus. These people are considered clinically extremely vulnerable (see [guidance on shielding and protecting extremely vulnerable groups and also](#) HIV when not on therapy should be added to this list). In addition overweight and obesity have also been linked to worse outcomes for those admitted to Intensive Care Units (ICU).²

Prevention: COVID-19 as a Risk to Mitigate

COVID-19 virus is spread mainly through respiratory droplets produced by an infected person during conversation, eating and activities which require 'forced breathing' like shouting and singing, as well as coughing and sneezing. These droplets can land in the eyes, mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (less than 2 metres) for periods of 15 minutes or more.

The virus is also spread when droplets land on surfaces which are then touched by others and the virus transmitted on hands to face, eyes, nose and mouth. The virus which causes COVID-19 (SARS-CoV2) can stay alive on some surfaces for up to 72 hours – 3 days. The virus is more likely to spread in closed indoor settings than outside.

The most important transmission routes to control in a setting are: being in close contact (within 2 metres) with others and contaminated surfaces. Personal behavioural self-management through isolation for symptoms, hand hygiene (20 seconds for washing with soap and water or sanitiser) and respiratory hygiene ("Catch it! Bin it! Kill it!" sneezing into an elbow or sleeve) are also important and to be actively encouraged among staff, volunteers and community members.

Easy to read health information posters to print and display around your setting can be found [here](#).

² <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

Prevention: Buildings and Processes

In terms of physical space, there are 3 areas that can reduce transmission of COVID-19:

1. Maintaining physical distance of 2m between people
2. Ensuring good airflow in indoor locations or using outdoor locations
3. Regular cleaning of commonly touched surfaces and equipment / limiting sharing of objects and equipment

There are a number of steps that can be taken to encourage residents, visitors and staff to follow good hand and respiratory hygiene practice and maintain social distance whilst in communal areas of shared residential settings, as well as to be mindful of their own health and personal risk of becoming severely unwell if they contract COVID-19.

1. 2 Metre Distance

Staying at least 2 metres (3 steps) away from anyone you do not live with when using a communal areas as well as outside the home can help reduce the risk of spreading COVID-19.

Government have advised that from 4th July 2020, 2m distancing between people should be maintained as much as possible. If it is not possible, 1m distancing is allowed providing mitigating factors (such as face coverings) are put in place.

We strongly recommend that 2m distancing is maintained. If you have to have 1m distancing, all visitors to the setting should wear face coverings and keep interactions brief (substantially less than 10-15min interaction). Please note that in these settings, we recommend that visitors also wear face coverings.*

There are various opportunities to organise your setting to help maintain 2 metre distance and reduce risk of spreading infection:

Person Flow

- Arrange one-way traffic through the setting if possible
- Setup default routes and maintain these with signage or physical barriers
- If visitors have arranged to use outdoor space for their visit (see [risk assessment for visitors](#)), ask them to use external entrance to garden if it is available, rather than walking through the setting.
- Put in place a rota system for use of communal spaces (lounges, reading areas) to ensure that residents can maintain social distance in their interactions with each other / their visitors, and the risk of spread infection is reduced.
- Limit access to common areas such as staff coffee rooms and store rooms where distancing is difficult to maintain.
- Stagger break and lunch times for staff and volunteers. Follow hand hygiene and cleaning routines (see Food preparation, delivery and consumption).

Indoor Space

- Create physical routes /placings to create a socially distanced default layout:
 - Organise communal areas (e.g. lounge, dining area, visitor/staff toilets), as well as the office and cloakrooms in such a way that maintains 2 metre space between chairs and desks/tables where possible
 - Use lounges, dining areas and other communal areas at half capacity, or an amount that enables 2 metre distancing. If this is not possible it is best to close these areas temporarily.
 - Use floor tape, paint or physical barriers like furniture or ropes to mark areas to help people keep to a 2m distance, particularly where larger numbers of people tend to gather, e.g. at entrance, lounges, visitor toilets)
 - Consider removing furniture to enable 2m distancing, or putting every other chair (in the lounge) and/or toilet cubicle out of use so that visitors, residents and staff use to maintain distancing
- Have a designated area for staff/volunteers to leave their bags and coats. Ideally this space should be large enough to avoid touching others' belongings
- Visitors should keep their belongings with them at all times
- Avoid staff meeting in enclosed spaces, such as offices and consider meeting in open areas in largest communal space
- Staff who require desk space to complete their work should be designated a desk for the duration. Avoid sharing workstations.

Outdoor Space

Getting outdoors benefits our physical health as well as promoting positive mental wellbeing. If your setting has an outdoor space, this can be a great resource to put into use, especially for residents who are shielding.

Outdoor areas can be used for meeting visiting family and friends, as well as to take group exercise (no more than 6 participants from different households), to eat lunch/dinner, but you could also look to support residents to grow and take care of flowers and/or a small vegetable garden. To ensure you are using your outdoor space effectively, you should follow the following guidelines:

- Organise communal outdoor space in such a way that maintains 2 metre space between seats and tables where possible
- Use floor tape, paint or physical barriers to mark areas to help people keep to a 2m distance
- Consider the size (sq. m) of your outdoor space and how many people could safely be in the space at any one time. If you do not have sufficient space to enable all your residents to safely use the outdoor space, consider a rota system. A rota system would also be useful for visitors (see [managing access](#) below) to ensure distancing can be maintained.

Staff Schedules

- Think about rotating staff and consider splitting the workforce into teams attending the setting so that staff members are scheduled to work with the same team for their shift. Should infection arise with a staff member, the wider workforce, outside of that team, should not be affected.

Managing Access

Visits from family and friends are important for the health and well-being of residents. It is going to be important to try to manage access in shared residential settings to ensure that visitors do not arrive all at once and too many people congregate in communal areas, preventing them from keeping 2m distance. You might want to consider:

- Organising a booking system where visitors book a specific time to visit to ensure that visitors and residents can keep to the 2m distancing rules by not using entry/exit points at the same time
- Organising a rota system for shared spaces to ensure that these areas are used in a way that enables people to keep 2m distance, ensure cleaning between use, see cleaning and disinfecting
- Staggering arrival and departure times for staff, visitors and volunteers so people can keep to the 2m social distancing rules by not using entry/exit points at the same time

If it is impossible to introduce these systems, you should work with residents to promote 2m distancing in shared spaces (e.g. reorganising communal spaces to create socially distanced default layout), promote natural air flow and encourage good hand hygiene (e.g. supply hand sanitiser at the entrance to the premises and making sure dispensers are regularly refilled).

Further information on managing visitors to your setting go to [Risk assessment for visitors.](#)

Activities and Classes

Consider whether certain activities, sessions and classes can safely take place, keeping in mind the need to socially distance. You may need to plan alternative arrangements for activities which incorporate social distancing including reducing number of attendees and inviting others to join via zoom or skype. To do this effectively, you should:

- Ensure that residents tenants have sufficient Wi-Fi and that the service can support additional usage
- Work with residents to agree a timetable of activities where they would each have dedicated slots that are convenient for their schedules, and
- Request residents to book and only join if they have booked a space.

Transportation

- For residents, staff and visitors, the safest way to travel to maintain social distancing and reduce risk of infection is to walk, cycle, or via their own private car. Carpooling should not take place unless it cannot be avoided
- Encourage active travel (walk and cycle) among staff, visitors and residents

- If staff have to use public transport, stagger shifts to enable them not to travel at peak times and remind them to wear face coverings which are mandatory on public transport. For more information about taking public transport, read [Coronavirus \(COVID-19\): safer travel guidance for passengers](#)
- If residents have to use public transport, suggest that do not travel at peak times and also remind them to wear face coverings which are mandatory on public transport.

2. Ventilation and Air Flow

Natural ventilation can help to clear droplets from the air. It is important to ventilate spaces, especially those that are shared such as sitting areas (lounges), kitchens and bathrooms, as much as possible:

- If your setting has air conditioning, set intake to 100% external new air
- If you don't have air conditioning it is better to open windows to encourage air flow
- In a windowless space without air conditioning allow 30 minutes to 1 hour to pass after use for meetings or visits.

3. Reduce Contamination of Surfaces

The length of time the COVID-19 virus can survive on a surface is dependent on the material: Plastic - up to 72 hours, Stainless steel – 48-72 hours, Paper/Cardboard – 24 hours, Copper – up to 8 hours.

You can reduce the transmission of the virus by quarantining items that might be contaminated and establishing and maintaining robust cleaning and disinfecting routines,

Cleaning and Disinfecting

- In shared spaces, clean high traffic frequent touch contact sites (handles, door pushes, telephones, toilet seats, flushers, washing areas, toilet block doors,) at least 4x a day; organise cleaning after busy periods such as lunch time or shift changes. You are likely to need to extend the hours of, or take on more, cleaning staff.
 - Tables must be cleaned before and after eating
- When cleaning frequent touch sites, use detergent and water soaked cloth followed by disinfectant with available chlorine of 1,000 ppm (most usual cleaning products are enough.) Alcohol with a concentration of 60% alcohol is also effective. Baby wipes are not to be used.
- Some disinfectants may be long acting with several days effective virus killing ability – Discuss with your cleaning contractor and consider using these to reduce the need for physical repeated cleaning
- If shared spaces are being used by residents and their visitors on a rota system, ask residents or staff to wipe surfaces they have come in contact with after use so that spaces are safe for all residents and visitors, also ensure shared spaces are well ventilated

Cleaning Computer Equipment Including Mobile Devices

Personal Devices

Staff, visitors and volunteers can bring their personal mobile phones on site. However, they should restrict their use (e.g. for use only in emergencies) or as is seen sensible (e.g. it might help a resident's wellbeing to have photos with family who are visiting). Users should wash their hands after use. Furthermore, they should NOT share their mobile phone/tablet with others in the setting. If sharing occurs, users should wash their hands after use and follow the cleaning protocol below.

Shared Devices

If mobile devices such as tablets are available for staff/resident to use, consider using the device as one of two sets and do not interchange pads:

e.g. 'Hot' for COVID-19 + users, and 'Cold' for COVID-19 - users.

The devices should **ALWAYS** be cleaned between each user, and users should wash their hands after use.

Cleaning Protocol

Mobile phones/tablets can be cleaned using the following steps:

- Before starting to clean, turn off the phone/tablet and remove the case, accessories and cables, if any
- With a soft cloth, soaked in detergent (warm soapy water, well wrung out) wipe over the surface of the phone/tablet. Dry the surface with dry paper towel or soft cloth
- Then wipe again with an alcohol wipe
- The device must not get wet, be soaked, immersed in water, have substance applied directly to it or sprayed onto it – this will break it
- Make sure you cover all the hand contact points
- Clean the case using detergent and water. If necessary, immerse the removed case in water and using a toothbrush scrub the angles and grooves in the case below the water surface to prevent aerosol generation. Wipe over the case with a cloth soaked in disinfectant or an alcohol wipe.

Note: Before cleaning any computer or mobile device (tablet, phone), ALWAYS check the manufacturer's guidance about cleaning.

Shared Laundry Facilities

If residents rely on shared laundry facility, there are some simple precautions that can be taken to reduce the risk of COVID-19 transmission from potentially contaminated surfaces.

Do's:

- Wash your hands before and after use
- Wipe down controls and handles before and after use
- Launder items according to the manufacturer's instructions using the warmest appropriate water setting

- Dry items completely before use
- Keep a 2m distance from others

Don'ts:

- Don't shake laundry before putting it in the machine
- Don't leave soiled clothes or baskets on top of machine
- Don't leave cleaning residues (like bleach) that could damage other peoples clothing
- Don't leave dryer door open when not in use
- Don't forget to wash your hands

To ensure residents can follow the above steps:

- Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 2m apart.
- Provide disposable gloves, soap for washing hands (hand sanitizer), and household cleaners and disinfectant wipes for residents and staff to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and shared laundry items between uses.

Provided Laundry Services

If a resident is COVID-19 positive, laundry and bed linen must be handled with care using PPE. Remove and avoid shaking or placing on surfaces instead place into an alginate bag or a plastic refuse sack and tie off the top. Leave for 72 hours and wash as usual.

Staff Work Wear

- It is best practice to change into and out of uniforms/work wear at work and not wear when travelling to and from work
- You may wish to think of your work clothing as a uniform and either put work clothes aside on returning home, bagged in plastic for 72 hours, or washed with detergent at 40C minimum. (Use 60C if roles requires cleaning of common areas or contact.)

Water Distribution

- Encourage staff, visitors and volunteers to bring their own water bottle to work. If possible have a dedicated water refill tap. Staff should wash their hands after use.
- For visitors, make a decision not to distribute water in anything other than personal bottles or single use cups to visitors during this time.

4. Promote Good Hand Hygiene

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. Hand washing is one of the most effective ways to stop the spread of the virus.

- Provide facilities and resources so that everyone on the premises can regularly wash and dry their hands.

- Where handwashing facilities are not easily available or accessible when entering the building, supply hand sanitiser at the entrance to the premises. Make sure dispensers are regularly refilled.
- Do not allow towels to be shared. Provide disposable towels which should immediately be placed in a bin. If used towels need to be picked up, the staff member should wear gloves or ensure they wash their hands immediately afterwards.
- Hand sanitiser provided should contain at least 60% alcohol by volume. This is the best option for sanitiser and as there is no need to provide non-alcohol containing sanitiser this option should be taken.
- Establish hand washing protocols for staff and residents:
 - Encourage staff and residents to regularly wash their hands with soap and water ideally, or with hand sanitiser, regularly for at least 20 seconds throughout their shift, especially:
 - First thing at the start of a shift
 - After being out
 - Before eating and before touching face
 - Before and after any vaping breaks
 - After bathroom breaks
 - First thing on entering your home or the resident's home (take your own towel)
 - If you are packing food, wash hands after touching any object including your clothes, face etc.
 - After touching cash or other heavily handled objects like door handles, also books which have been recently returned
- If residents require support to wash their hands, it is important to support one person at a time and to be vigilant about hygiene before moving on to support another person.
- Brief staff, perhaps at meetings (virtual), on the importance of good hand hygiene. Share with them the following guidance and video about how to wash their hands.
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866065/Handwashing_techniques.pdf
 - Video <https://youtu.be/bQCP7waTRWU>

5. Promote Safe Food Preparation, Distribution and Consumption

Food Preparation and Distribution

If you provide food to residents, there are certain procedures that should be followed:

- Ensure that you or the catering team follow a Food Safety Management System (FSMS) that includes existing [food hygiene guidance](#) and HACCP processes.

- Although it is very unlikely that coronavirus is transmitted through food, as a matter of good hygiene practice anyone handling food should wash their hands often with soap and water for at least 20 seconds. This should be done as a matter of routine, before and after handling food, and especially after being in a public place, blowing their nose, coughing, or sneezing.
- Notices promoting hand hygiene and social distancing should be placed visibly in these areas
- Objects and surfaces that are touched regularly should be frequently cleaned and disinfected using standard cleaning products.
- PPE - Where staff are serving and handling food which is for immediate consumption or will be eaten without further heating to 56c, they should wear 3 ply or fluid-repellent surgical mask - FRSM/IIR, and disposable gloves.

Food Consumption

Staff Lunches

Consider eating arrangements for staff lunches:

- All staff should eat either at their designated desk, or stagger lunch breaks using the largest best ventilated space. Use outdoor spaces where possible for meetings and breaks
- Avoid sharing crockery cutlery and drinking glasses or cups – ask staff to bring their own or provide disposable wrapped cold food that does not require a kitchen.

For nutritional reasons staff may need to bring meals that need to be eaten hot. Consider the following issues:

- Can they safely negotiate use of kitchen utensils and equipment (maintaining safe food temperatures or with distancing and air flow in one location?)
- Can crockery and cutlery that is used be safely handled?
- Set up a cleaning rota and cleaning wipes for microwave and cooker controls, if you have them, to be wiped down after use (baby wipes are NOT suitable for this or any COVID -19 cleaning purpose)

Resident Lunches

If lunches are provided to residents, consider the following arrangements:

- Residents should eat either in their rooms/self-contained flats, or stagger lunch time using the largest best ventilated space (see [Ventilation and Air Flow](#)). Use outdoor spaces where possible.
- If space is NOT well ventilated (windowless or without air conditioning), suggest that residents alternate use of dining space to every other day or by week; on the day or week that they can't use the dining room, they should eat in their room or self-contained flat. Dining space should be cleaned and disinfected after lunch. Allow for 30 minutes to 1 hour to pass after between uses.
- Avoid sharing crockery, cutlery and glassed and or cups, instead designate a set to each resident.
- Wash all plates and cutlery in hot soapy water.

6. Personal Protective Equipment (PPE)

How to Use Your PPE

Personal protective equipment is designed to protect you at work. It is one part of a safe system for working. Other parts include, distancing – 2m, hand hygiene, delaying of work, and risk assessment.

You will probably be familiar with using an apron and gloves but masks and eye protection may be new to you.

PPE is only effective in protecting you and your client if it is put on (donned) and taken off (doffed) in the right order with the right technique. You should familiarise yourself with the order and technique.

Masks may initially feel uncomfortable. Masks and visors may be kept on for a complete session of up to 4-5 hours. Gloves and aprons **MUST** be changed between clients or clean/dirty care tasks.

It is important to help residents to understand why you are wearing PPE – some people may be anxious of people wearing PPE, who may be hard to recognise as a result. If you have to wear a mask, consider attaching a laminated photo of yourself to your clothing if that would help residents in your setting.

Donning and Doffing Videos

These videos summarise the detail and technique well. You should watch until you can follow exactly. Keep the video to hand to act as a guide.

- [PHE – Donning and doffing](#) video which is COVID specific.
- This one is particularly helpful on [apron donning](#).
- This [fact sheet](#) is a quick guide.

Do I Need Eye Protection?

Yes if:-

- There a risk of splashing with infected fluids.
- You are generating aerosols, noting that if this is the case, an FFP3 or FFP2 mask is also be needed with eye protection ideally a full face visor a UUR- FRSM is adequate for most non tracheostomy processes (e.g. swab taking) unless the resident is a confirmed COVID-19 positive case when an FFP3 FFP2 is required as well as visor.
- The client cannot observe respiratory hygiene ('catch it, bin it, kill it') with coughs and sneezes.
- There is a risk of spitting.

Disposing of PPE and Laundry

- Remember to dispose of used PPE safely – in two sealed refuse bags.
- Change out of your work clothes before leaving work.
- Remember to wash your work clothes at least 60°C and dry them afterwards.
- Take a change of clothes to work and refuse sacks to safely transport soiled work clothes/used PPE.
- Remember to wash your hands **and** arms.

Hyperlinks expanded – Print versions

PHE Donning/Doffing Video: https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be

Apron Technique: <https://www.youtube.com/watch?v=j3hfEpjAx0E&feature=youtu.be>

Quick Guide

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf

What PPE Do I Need?

All visitors to a shared residential setting should wear a face-covering and wash their hands on arrival.

The following face coverings are suitable:

- 3 ply surgical masks
- 3 ply homemade face covering
- IIR fluid resistance surgical mask

Public Health England have issued guidance to make your own face covering which can be found [here](#).

The following situations and tasks require PPE to be worn:

Situation/Task	Latex/nitrile Gloves	Disposable plastic Apron	Mask(IIR) (FRSM)	Visor
Visitors to a shared residential setting	-	-	✓*	-
Supporting/supervising someone who becomes ill with COVID 19 symptoms no risk of splashing	✓	✓	✓	-
Supporting/supervising someone who becomes ill with COVID 19 symptoms risk of splashing (coughing sneezing vomiting spitting)	✓	✓	✓	✓
Cleaning an area after a person with COVID-19 has left-	✓	✓	✓	
Cleaning an area of high footfall	✓	✓	✓	
Serving food which will not be further washed or heated	✓		✓	
First aid or care processes <2m	✓	✓	✓	✓* Risk assess splash risk
Bag search /body search for many <2m	✓	✓	✓	✓
Behaviour involving spitting coughing	✓	✓	✓	✓

This will need a risk assessment on how best to manage the individual by relationship means also				
Domiciliary care (e.g. support with toileting/bathing etc.)	✓	✓	✓	Risk assess splash avoid where possible

Prevention: Staff, Visitors and Residents

Consider who among your staff could be at increased risk. This could include those with certain health conditions, especially people of Black or Asian ethnicity, as well as those who might have someone shielding in their home (see [Risk of Severe Illness](#)). With the help of your risk assessment you can keep staff and residents safe.

Risk Assessment for Staff

A risk assessment should consider staff who are at increased risk with the aim of eliminating the risk posed to them, or substituting their normal work practice with a less hazardous one. It is important to talk with your staff about what they need to protect themselves.

Risk assessment specific to staff from Black and Asian communities should start with existing health conditions. Consider:

- Supporting staff to work from home – provide equipment necessary and keep in regular contact.
- Enabling employees to carry out physically distanced role in the workplace – if so, allocate to them a certain area finding ways to minimise contact and high traffic areas.

It is possible that some of your staff may work in other care settings. It is important to understand whether they work in multiple locations and to let you know if there have been cases (i.e. people who have tested positive or have symptoms) in other places of work. You would use this information to understand whether they have had close contact with cases and the risk that could be posed to your setting.

Risk Assessment for Visitors

Before visitors arrange to visit, communicate with them a checklist that visitors are expected to satisfy before attending, e.g. including not to attend if they have symptoms. A [visitor checklist template](#) is provided at the end of this document.

Display a symptom checker at the entrance to the setting to ensure that staff and visitors do not enter with symptoms of COVID-19. See [Communication Products](#)

All visitors to a shared residential setting should wear a face-covering and wash their hands on arrival. The following face coverings are suitable:

- 3 ply surgical masks
- 3 ply homemade face covering

- IIR fluid resistance surgical mask

Visitors should be asked to keep their belongings with them during their visit. Ask them to only bring essential items with them such as raincoat/handbag/water bottle. Visitors should not bring food or gifts into the setting. You may allow items to be brought in but the item would need to be set aside (quarantined) for 3 days.

It is going to be important to manage access in shared residential settings to ensure that visitors do not arrive all at once and too many people congregate in communal areas, preventing them from keeping 2m distance.

You might want to consider:

- Organising a booking system where visitors book a specific time to visit to ensure that visitors and residents can keep to the 2m distancing rules by not using entry/exit points at the same time
- Also, consider organising a rota system for shared spaces (including outdoor space) to ensure that these areas are used in a way that enables people to keep 2m distance, ensure cleaning between use, see cleaning and disinfecting
- Also consider staggering arrival and departure times for staff (including agency domiciliary support staff where possible) so people can keep to the 2m social distancing rules by not using entry/exit points at the same time
- If visitors have arranged to use outdoor space for their visit, ask them to use external entrance to garden if it is available, rather than walking through the setting.

Risk Assessment for Residents

Older people, people with long term health conditions and risk conditions, men, Black, Asian and some other ethnic groups are disproportionately affected by COVID-19 (see [Risk of Severe Illness](#)). Most of this is linked to health conditions and risk factors for health conditions.

Ideally, a risk assessment should be completed for each resident which identifies their level of risk with the aim of eliminating any risk posed to them, or substituting their normal activities with activities that pose less risk.

The Social Care Institute for Excellence has provided some [guidance](#) including:

- Make sure the person is included in discussions and decisions, so they'll have the best chance of understanding what is happening, and of staying in control of their lives as much as possible.
- Consider the person's mental capacity and make adjustments to provide clear information and aid them in their decision making. Where the person lacks capacity, utilise their support networks to ensure that the best interest of the person is identified.
- It is important to think about what the person you are supporting enjoys normally – how they choose to spend their time, who is important to them, what strategies and plans typically work when things are not going well – and to continue to provide calm and reassuring support.

Can Residents Meet People from Outside their Household?

The General Population

In England, people who are NOT clinically extremely vulnerable can meet with people they do not live with, in 3 types of groups:

1. People can meet in any outdoor space in a group of up to 6 people from different households
2. Single adult households – in other words adults who live alone or with dependent children only – can continue to form an exclusive ‘support bubble’ with one other household
3. From 4 July, people can also meet in a group of 2 households (including your support bubble), in any location- public or private, indoors or outdoors. This does not need to be the same household each time

It remains the case - even inside someone’s home - that you should socially distance from anyone not in your household or bubble.

More information about meeting people from outside your household can be found [here](#).

People Who Are Clinically Extremely Vulnerable

People who had been asked to stay at home (shield) due to a clinical vulnerability should continue to take precautions but may now choose to leave their home, as long as they are able to maintain strict social distancing.

The government advises the following:

1. People may, if they wish, meet in a group of up to 6 people outdoors, including people from different households, while maintaining strict social distancing
2. People that they no longer need to observe social distancing with other members of their household
3. In line with the wider guidance for single adult households (either an adult living alone or with dependent children under 18) in the general population, people who are clinically extremely vulnerable may also form a ‘support bubble’ with one other household. All those in a support bubble will be able to spend time together inside each other’s homes, including overnight, without needing to socially distance.

More information about shielding and protecting people who are clinically extremely vulnerable can be found [here](#).

Support Bubbles

In England, if you live by yourself or are a single parent with dependent children – in other words, if there is only one adult in your home – you can expand your support network so that it includes one other household of any size. This is called making a ‘support bubble’ and means you are able to meet indoors or out, be less than 2 metres apart and stay overnight as you could if they were members of your own household. As above from 6th July, clinically extremely vulnerable people will also be able to form a support bubble.

However, support bubbles can only apply where the resident lives in a single adult household in a self-contained flat (see above definition). All shared accommodation where residents do not have exclusive use of toilets/bathrooms and or kitchens where they live, cannot form a support bubble outside of their shared accommodation. If your setting falls within this definition, we can provide more information including for testing. Email the Newham Public Health Team - PublicHealthEnquiries@Newham.gov.uk

The current health crisis has increased confusion, fear and anxiety for everyone, and inevitably it will bring additional challenges. In your risk assessment for each resident, you will need to consider their social and emotional needs. This might mean that they need to spend more time with their family (stay away from home). In this situation, the resident would become part of their family support bubble and couldn't bubble with other residents. This would need to be considered on a case by case basis. For instance, if the resident has been symptom free for 14 days and is aware and compliant with social distancing, a bubble with their family members could be considered.

Regular Testing

Timely and accurate COVID-19 laboratory testing is an essential part of the management of COVID-19. It can help slow down the pandemic, support decisions on infection control strategies and ensure the effective patient management at healthcare facilities and in care settings. Testing can also help to detect asymptomatic cases that could spread the virus further if not isolated.

It is recommended that both staff and residents should be tested as a whole home at regular intervals. It is essential that you communicate with your residents and staff on the need for testing. For locally arranged testing, consent documentation will be provided with swabs. For more information on consent to treatment, refer to <https://www.nhs.uk/conditions/consent-to-treatment/>

These are self-test kits and you should encourage staff and residents to administer their own tests. A useful video about how to take a coronavirus self-test can be found [here](#). An easy read 'How to have swabs taken' can be found in the section [Easy to Read Communication Products](#). For residents who are unable to self-test, get in touch with Newham Public Health Team - PublicHealthEnquiries@Newham.gov.uk

How Often Should Residents and Staff be Tested?

Residents:

- Residents should be tested every month at 28 day intervals
- All new admissions should be tested before admission or on admission, and treated as positive for 14 days and therefore would need to be isolated for those 14 days and join the 28 day testing cycle when due.
- A training and support service is being developed if required for staff to gain skills and confidence in being able to either test residents or support residents to test themselves.

Staff:

- Staff should be tested weekly
- Agency staff should be tested at the start of their first shift and then weekly thereafter

How to Get tested

Whole Home Testing

If you are a CQC registered home, staff and residents can be tested (that is the whole setting and if necessary individual residents) through the national portal - <https://www.gov.uk/apply-coronavirus-test-care-home>. You will need your CQC number to register your request on the portal

If you are not CQC registered home or the national portal refused your testing request, you can use the local NEL portal - <https://nhscovidtestlondon.onk2.com> or 0191 691 3656

Staff

Employers can arrange testing for staff who are self-isolating via the national employer referral portal – <http://www.gov.uk/apply-coronavirus-test-care-home>. To access this, management need to send the following details to portalservicedesk@dhsc.gov.uk:

- Organisation name
- Nature of organisation business
- Location (Region)
- Names where possible and email details of two people who will use the portal (e.g. management)

Once employer details have been verified two login details will be provided.

Staff can arrange testing themselves via national government portal for key workers which is www.gov.uk/apply-coronavirus-test-essential-workers. This is for key workers who are self-isolating.

There are 3 testing options available:

1. Regional drive through test site (nearest locations are Lea Valley Athletics Track or O2 Arena)
2. Mobile drive through site (locations provided via national portal)
3. Home test kit
4. Walk through test centre at East Ham

All of this information and more is provided via the website above.

Residents

In a setting where GPs support all residents, they can request testing for all care home residents or individual residents as required.

Settings where residents have their own GP, tests can be ordered directly with their GP.

Communicating Your Plans

Make sure the residents are included in discussions and decisions, so they'll have the best chance of understanding what is happening, and of staying in control of their lives as much as possible.

Work with your team and residents to develop your guidance as you increase levels of activity (e.g. managing visitors, social bubbles etc.), including discussing whether training would be helpful, and what they would need to feel comfortable at work and in their home.

Communicate early with external support staff (e.g. domiciliary care staff), agency staff, contractors and suppliers (cleaners/caterers) that will need to prepare to support plans for your setting. Discuss with staff, and cleaning contractors the additional cleaning requirements and agree additional hours to allow for this.

Communicate with staff, visitors and residents about the steps that you are taking to keep staff, visitors and residents safe, as well as what is expected of them. For example:

- Managing access to the setting, e.g. a booking system for visitors and a rota for shared spaces.
- Requirements for all visitors to wear face covering and wash their hands on arrival
- Checklist that visitors are expected to satisfy before attending
- Recommendations that staff, visitors and residents should avoid public transport, especially at peak
- Cleaning, distancing and other measures being taken to mitigate risk in the setting
- How to get a test if you have symptoms – see [Getting a test/Test and trace](#).

Further Easy-Read information and videos can be found on the [Newham Provider Zone](#).

Displaying Health Promotion Information

Easy to read health information posters to print and display around your setting can be found [here](#).

- Display posters to ask people with symptoms consistent of COVID-19 (see [COVID-19 Symptoms](#)) not to enter. It should be placed near the entrance to buildings or grounds and direct people to isolate themselves and stay at home.
- Have a process that provides a symptom self-check for staff and visitors before they enter the premises. Depending on the premises, the system could include: a sign at the entranceway; and/or a basic signs and symptoms checklist, written or oral. Regularly check with staff about their wellbeing.
- Temperature checks are NOT recommended. Only about half of adults and under half of children with symptoms have a fever with COVID-19. Remote thermometers are inaccurate.
- Display pictorial posters promoting hand-washing and the importance of closing the lid of the toilet before flushing.
- Promote and encourage uptake of the annual flu vaccination among residents and staff if offered. It may help rule out future flu like symptoms among staff and residents in addition to saving lives.

Staff and Visitor Log

Keep a record for contact tracing purposes of staff, visitors and where possible contractors that enter the setting each day:

- The record should include the name, date, time in and time out and phone number or email address of anyone who has been on the premises, including all staff, visitors, service people, and other community members.
- Store the data securely – Destroy after 3 months (GDPR)
- The pen used for this should be cleaned with a long acting disinfectant /be cleaned between uses.

- A GDPR privacy notice for Visitor Log can be found in the [appendices](#).

Other – Incidents and Emergencies

Fire and Evacuations

The London Fire Brigade has produced useful guidance to help you update your fire risk assessments and emergency evacuation plans. You can read this guidance [here](#).

First Aid

For more information visit [PHE first responder guidance page](#).

Staff or Visitor Becoming Unwell

- If a resident, visitor or staff member becomes symptomatic (see [COVID-19 symptoms](#)) whilst in the setting, the person should leave immediately and go home / to their room/self-contained flat, by the most direct route and avoid public transport where possible. If they have a face covering this should be put on immediately. Wearing a mask reduces the spread of virus from someone with symptoms by up to 85%.
- If you need to provide assistance (first aid) to a staff member, resident or visitor who is symptomatic (see [COVID-19 symptoms](#)), place the person in a place away from others until they feel well enough to go home or be collected, and self-isolate. If there is no physically separate room, ask others who are not involved in providing assistance to keep at least 2m distance. If barriers or screens are available, these may be used.
- If they need to go to the bathroom, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected before being used by anyone else.
- If first aid needs to be administered, see [Personal Protective Equipment](#) below.
- Ask the unwell staff member, resident or visitor not to visit the GP, pharmacy, urgent care centre or a hospital unless they are very unwell. They should isolate at home for 7 days and visit <https://111.nhs.uk/covid-19/> or call 111 for more information. Other household members should isolate for 14 days.
- However, **in an emergency** - if they are seriously ill or injured or their life is at risk, **call 999**.
- If a member of staff has helped someone with symptoms, they do not need to isolate at home unless they develop symptoms themselves (in which case, a test is available) or the person subsequently tests positive (see [Responding to a Suspected Case of COVID-19](#) below).

Personal Protective Equipment (PPE)

If a member of staff is required to come into contact with someone as part of first responder duties, the following process should be followed:

- Maintain a 2 metre distance from the individual as much as possible.
- If 2 metre distancing is not possible, fluid-repellent surgical mask - FRSM/IIR, as well as disposable gloves and a disposable plastic apron should be used. If there is a risk of contamination with

splashes, droplets of blood or body fluids through coughing sneezing or splashing a reusable, disposable eye protection such as goggles should be used.

- The same PPE should be worn if cleaning contaminated areas or items.
- When using a fluid-repellent surgical face mask, you should mould the metal strap of the mask over the bridge of the nose and make sure the mask fits snugly under the chin, around or across any facial hair if present.
- Learn the correct sequence for putting on PPE: ,
 - a. Always wash hands or sanitise before putting on or taking off
 - b. Always remove from the back /ear loops
 - c. Never remove from the front or adjust once on.

Most contamination incidents occur when taking off PPE. Therefore ensure the correct steps are followed closely.

- There is a specific order and really important rules when putting on and taking off PPE
- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE – this also applies to non PPE face coverings
- First Aiders should watch these videos and learn how to put each piece you need on and how to take it off safely:
 - <https://youtu.be/j3hfEpjAx0E>
 - Public Health England - COVID-19 specific: https://youtu.be/-GncQ_ed-9w

At LBN we have found that having a centralised system to procure, organise and support teams around safe working and PPE has been helpful. For LBN care settings, contact the LBN lead Faruk Ahmed - Faruk.Ahmed@newham.gov.uk

Cardiopulmonary Resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions for infection control.

In adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after an arrest not due to lack of oxygen. Cardiac arrest **in children** is more likely to be caused by a respiratory problem, therefore chest compressions alone are unlikely to be effective, and **rescue breaths or mouth-to-mouth will be required.**

If a decision is made to perform mouth-to-mouth ventilation use a resuscitation face shield where available.

Should you have to give mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for COVID-19 symptoms over the following 14 days. Should you develop such symptoms you should follow the advice on what to do on the [NHS website](#).

Cleaning the Area Where First Aid Assistance was Provided

Public areas where an unwell individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected (See below for guidance on [deep cleaning](#)).

If There Has Been a Blood or Body-Fluid Spill

- Keep people away from the area.
- Don't PPE, use a spill-kit if available, and follow the instructions provided with the spill-kit.





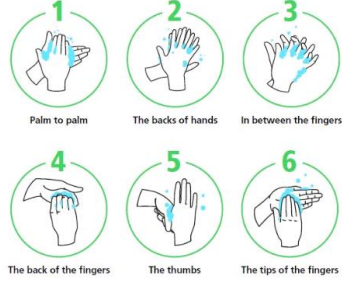

If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

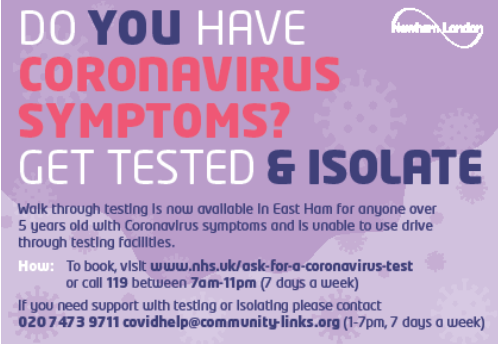
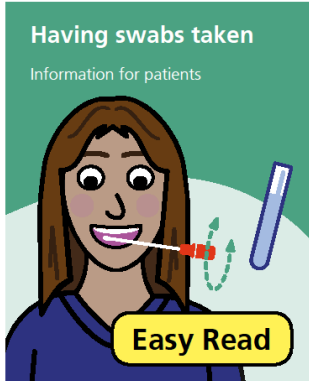

Note: if you cannot carry out a safe deep clean, contact London Network for Pest Solutions or Juniper.

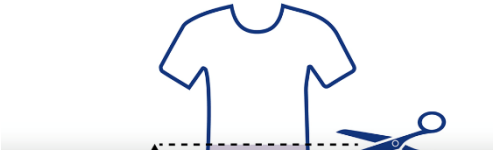



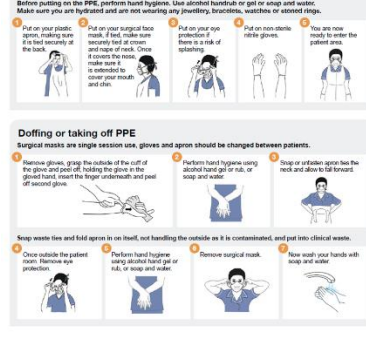
Glossary



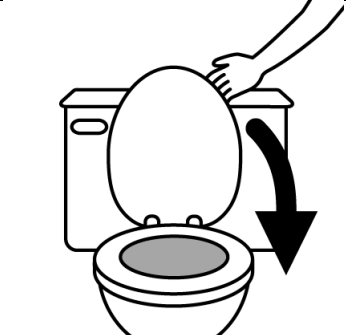
Contaminated	When something has the virus on it e.g. a table or clothing
COVID-19	The infectious disease caused by the SAR-CoV2 virus
Deep Clean	Cleaning procedures followed by disinfecting procedures
Deprived	Suffering a severe and damaging lack of basic material and culture benefits
Detergent	A water-soluble cleaning agent (e.g. washing up liquid)
Diabetes	A disease that occurs when your blood glucose, also called blood sugar, is too high
Distribution	The way in which something is shared out among a group
Gastrointestinal	Relating to the stomach and intestines
Health Promotion Materials	Information that enables people to behave in way that maintains or improves the health of themselves or those around them
Hierarchy of Controls	A system to minimise or eliminate the exposure to hazards
Incidence	The occurrence or frequency of a disease
Infection Rate	The probability or risk of an infection in a population
(Self-) Isolate	Separating sick people with a contagious disease from those who are not sick
LBN Public Health Team	The local authority public health team – responsible for guidance, outbreak management, and public health strategy in the borough of Newham
Outbreak	A cluster of disease – in the same location and timeframe – often caught from the same source
Personal Protective Equipment	Equipment that protects the user against health or safety risks in the workplace
Pre-Existing or Underlying Conditions	A medical condition that a person had before COVID-19
Public Health England	National leadership and expert services to support public health across the UK including health protection emergencies
Quarantine	Separating items which have been exposed to a contagious disease to wait for the virus to deactivate/die to prevent the spread of the disease
Respiratory	Relating to the lungs
Respiratory Droplets	A small liquid drop produced by breathing consisting of saliva and liquid from the respiratory tract
SAR-CoV2	The strain of coronavirus that causes COVID-19
Symptoms	A physical feature of a condition that is apparent to the person with the condition
Transmission	The action or process of transferring the virus from one person or item to another

Communication Products for Use in Shared Residential Settings

<p>Coronavirus (COVID-19): When to wash your hands</p>	 <p>Coronavirus Wash your hands more often for 20 seconds</p> <p>Use soap and water or a hand sanitiser when you:</p> <ul style="list-style-type: none"> • Get home or into work • Blow your nose, sneeze or cough • Eat or handle food <p>For more information and the Government's Action Plan go to nhs.uk/coronavirus</p> <p>Coronavirus. Protect yourself and others. Information from the Government and NHS.</p> 
<p>Coronavirus (COVID-19): How to wash your hands</p> <p>Landscape</p> <p>Portrait</p>	 <p>Coronavirus Wash your hands with soap and water more often for 20 seconds</p> <p>Use a tissue to turn off the tap. Dry hands thoroughly.</p>  
<p>Symptom checker – to display at entrance</p>	 <p>Coronavirus if you may have it stay home, get a test</p> <p>If you have any of these</p> <ul style="list-style-type: none"> • New cough that will not go away • High temperature • Loss of taste or smell <p>You should</p> <ul style="list-style-type: none"> • Stay home • Get a test <p>To get a test</p> <ul style="list-style-type: none"> • Phone 119 or • Go on the internet to www.nhs.uk/coronavirus <p>NHS The NHS will tell you what you need to know</p> <ul style="list-style-type: none"> • If you have been near someone who has been tested and has Coronavirus, the NHS Track and Trace team will contact you • They will tell you what you need to do • They will never ask you for money, passwords or things about your bank

Get tested postcard	
Having Swabs Taken	
Need support to isolate? COVID-19 helpline	

<p>How to make your own face covering – Public Health England</p>	<h3>Making your own face covering</h3> <p>Using a T-shirt</p> <p>You will need:</p> <ul style="list-style-type: none"> • an old T-shirt that you do not want anymore (ideally size small or extra small) • scissors <p>Step 1: Cut a straight line across the width of the T-shirt (front and back) approximately 20cm from the bottom of the T-shirt.</p> 
<p>Food Safety Factsheet</p>	 <h3>Are you helping to provide food to your community?</h3> <p>Advice and information on Food Safety, Nutrition, Shopping and Delivery</p> <p>Now more than ever, food safety matters to protect Newham residents and the NHS.</p> <p>Follow the correct food safety guidance can have serious consequences.</p> <p>Even mild cases of food poisoning can be dangerous for the elderly and sick.</p> <p>If you or your organisation is planning to offer food to people in your community please email: food@newham.gov.uk</p> <p>FOOD SAFETY: Individuals and small community groups</p> <p>NOW MORE THAN EVER FOOD SAFETY MATTERS TO PROTECT RESIDENTS AND THE NHS.</p> <p>Home cooking: Thank you for helping your neighbours!</p> <p>But</p> <ul style="list-style-type: none"> • Domestic kitchens are not designed for catering operations • Cloned by large scale food production... • ...but a meal for a friend, a relative or neighbour in need could really help • Be very careful of food allergies, always ask the person you are catering for  
<p>Guide to donning and doffing PPE</p>	<h3>Guide to donning and doffing standard Personal Protective Equipment (PPE)</h3> <p>for health and social care settings</p> <p>Donning or putting on PPE</p> <p>Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or extended rings.</p> <ol style="list-style-type: none"> 1. Put on your plastic apron, making sure it is fast securely at the back. 2. Put on your surgical face mask. If fast, make sure it is fast securely at the crown and top of mask. Once it covers the nose, it covers the mouth, make sure it is fastened to cover your mouth and chin. 3. Put on your eye protection. If there is a risk of splashing. 4. Put on non sterile gloves. 5. You are now ready to enter the patient area. <p>Doffing or taking off PPE</p> <p>Surgical masks are single session use, gloves and apron should be changed between patients.</p> <ol style="list-style-type: none"> 1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove. 2. Perform hand hygiene using alcohol hand gel or rub, or soap and water. 3. Strip or unfold apron from the neck and allow to fall forward. 4. Strip waste line and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste. 5. Once outside the patient room. Remove eye protection. 6. Perform hand hygiene using alcohol hand gel or rub, or soap and water. 7. Remove surgical mask. 8. Now wash your hands with soap and water. 

<p>Advice about the Coronavirus – Easy Read</p>		
<p>Catch it, bin it, kill it!</p>		
<p>Toilet lid down</p>		

Contact Details

Specialist Cleaning Services			
London Network for Pest Solutions	https://lnpestsolutions.com/	info@LNpestsolutions.com	020 8430 4133
Juniper	https://www.juniperventures.co.uk		020 3373 3918
Free and confidential advice for residents			
Community Links	https://www.community-links.org/	covidhelp@community-links.org	0207 473 9711
Further support			
Newham Council Public Health Team		PublicHealthEnquiries@Newham.gov.uk	

APPENDIX 1 Standard Operating Procedure: Managing a Suspected Case of COVID-19

Settings with suspected COVID-19 case(s) should follow the guidance below to prevent and control spread of infection.

1. [IDENTIFY COVID-19 SYMPTOMS](#)
2. [SELF-ISOLATE](#)
 - Support to self-isolate – COVID-19 Helpline
3. [GET TESTED](#)
4. [SEEK MEDICAL ATTENTION](#)
5. [CLEAN AND DISINFECT](#)
 - LAUNDRY
 - WASTE
6. [Notify LBN Public Health Team](#)
7. [Other](#)
 - Should the setting close to visitors?
 - Should the setting close to new admissions?

1. IDENTIFY COVID-19 SYMPTOMS

There are three symptoms which form the 'case definition' of COVID-19. This means that **only these three symptoms, singly or together, trigger actions to manage COVID-19.**

A **possible or probable** case of COVID-19 has one or more of these THREE symptoms:

- A high temperature (>37.8C - feel hot to touch on back or chest)
- A new, continuous cough (3 episodes of coughing in 24 hours or one hour of coughing)
- A loss or change to sense of smell or taste

In many cases these symptoms do not turn out to be coronavirus.

A **confirmed** case of COVID-19 is where a person has a positive COVID-19 swab test result.

2. SELF-ISOLATE

IF SOMEONE HAS SYMPTOMS:

Anyone who develops any of these symptoms should:

- Self-isolate at home for 7 days (or until 48 hours after fever symptoms are resolved) and
- Book a coronavirus test as soon as possible (within 3 days of symptoms starting ideally, within 5 days at most).

Anyone who has a household member with any of these symptoms should:

- Self-isolate at home for 14 days
- Book a coronavirus test for the symptomatic person as soon as possible (within 3 days of symptoms starting ideally, within 5 days at most).

Anyone who had had close contact with that individual:

Close contact: within 2m of the person for longer than 15 minutes,

- Self-isolate for 14 days*. Household members of the close contact do not need to self-isolate unless the close contact subsequently develops symptoms.

NOTE: *unless the person who has had close contact with the individual has been correctly wearing PPE ([see above](#)) as part of their health or social care role

SUPPORT TO ISOLATE - COVID-19 Helpline

The COVID-19 helpline provides COVID-19 related information to Newham residents including about when and how to get tested, when to isolate as well as lots of information about support that is available in the community (VCS and other organisations) to help residents who need to isolate.

Lines are open 7 days a week, 1-7pm.

Tel: 0207 473 9711

Or the resident can **email:** covidhelp@community-links.org

Business card template to share with residents about the COVID-19 Helpline can be found in [Communication Products](#).

3. GET TESTED

BOOKING A TEST:

Staff: Book online at the priority portal for [keyworkers and their household members](#)

Residents: In a setting where GPs support all residents, they can request testing for all care home residents or individual residents as required. Settings where residents have their own GP, tests can be ordered directly with their GP

Visitors: Call 119 or book online at [NHS site for tests for anyone of any age](#)

4. SEEK MEDICAL ATTENTION

You can share information about where to get reliable information about their symptoms or a pre-existing conditions:

- <https://111.nhs.uk/covid-19/>
- For more information or general health queries NHS 111 can be contacted for advice.
- GP practices are open and can be contacted. GP practices should be called before attending in person. The Home monitoring service is available to assess health risk in someone with COVID-19

5. CLEAN AND DISINFECT

If a person is sent home from the setting with symptoms a protocol for cleaning and disinfecting may need to be enacted:

- If the site used by the unwell person can be left for 72 hours – leave for 72 hours cordoned off and undisturbed, a deep clean can be avoided.
- If a deep clean is required the cleaning contractor should have a protocol for this. A deep clean involves cleaning the area with detergent followed by cleaning with disinfectant containing 1,000 ppm available chlorine.

- Where the site is contaminated with COVID-19 containing body fluids immediate cleaning is appropriate.
- PPE should be worn - disposable gloves, disposable plastic apron and IIR mask - for deep cleaning. Use eye protection only if risk of splashing eyes.
- PPE should be double-bagged, then stored securely for 72 hours before being thrown away in the regular rubbish.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.
- Public areas where a symptomatic individual has passed through and spent minimal time (such as corridors) but which are not visibly contaminated with body fluids can be cleaned as normal.
- All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:
 - Objects which are visibly contaminated with body fluids
 - All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings. These should be double bagged and stored securely for 72 hours before disposal.

Use of Shared Laundry Facilities

If a resident develops COVID-19 symptoms or has a positive test, their laundry (clothes, bed sheets etc.), could be contaminated. Follow the following procedures:

- Advise the resident to double bag their laundry and store safely in their flat for 72 hours as that is how long the SAR-CoV2 virus can survive on surfaces.
- Allocate a day in the week for that resident or their carer/staff member to use the laundry room to launder their linen, once 72 hours quarantine of laundry items has been complete.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick, and remove gloves and wash hands once finished. In addition, follow [these dos and don'ts](#) for shared laundry facility.
- Finally, once resident has finished using laundry room, clean and disinfect the room using procedure outlined [above](#).

Waste

- Advise residents and staff how to treat and store suspect waste from a person in the setting who has shown symptoms of COVID-19:
 - Waste should be double bagged and stored until negative test result is known or the waste has been stored for at least 72 hours
 - Double bagged waste should NOT be stored in a communal area
 - If the individual tests negative, the waste can be put in with the normal waste, if the individual has tested positive, the waste should be stored for at least 72 hours and then it can be put in with the normal waste

- If storage for at least 72 hours is not possible, then arrange for this to be collected as a Category B infectious waste, either by the Council if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.
- Faeces/urine from infected individuals does not require special treatment and can be discharged down the sewer. Individuals should have a dedicated toilet and preferably en-suite WC.

6. NOTIFY LBN PUBLIC HEALTH TEAM

The LBN Public Health Team is here to help. If you have a suspected case of COVID-19 in your setting, please email us and we can provide support and information about how to mitigate onward transmission of COVID-19 publichealthenquiries@newham.gov.uk

7. OTHER

Should Setting Close to Visitors?

As a precaution visitors should not enter the setting.

Should We Close the Setting to New Admissions?

Setting should consider closing to new admissions until test result returned

APPENDIX 2 Standard Operation Procedure: Managing a Positive Case of COVID-19

Individual with symptoms takes COVID-19 test (within first 5 days of symptoms)

RESIDENT

STAFF

SETTING

IF NEGATIVE

Resident can return to communal areas

Staff can return to work

Setting can reopen to community
Continue implementing the infection prevention and control measures, as previously advised

IF POSITIVE

Resident continues to self-isolate for 7 days from onset.

The residential setting will be contacted by London Coronavirus Response Centre (LCRC) to undertake risk assessment and provide advice on infection control and isolation.

If the setting is made aware of positive result by staff first, they should inform LCRC immediately for advice (see below) and notify the LBN public health team
publichealthenquiries@newham.gov.uk

Actions may include:

- Close to new admissions and visitors
- Test all residents and staff
- Set up zoning for positive and negative cases

Household of case continue to self-isolate for 14 days

Any recent visitors to the setting should be informed that there has been a positive case, in the setting and they should get tested if they have symptoms.

CONFIRMED CASE

In the event of a confirmed case or cluster of possible cases, please contact:

The health protection team at the London Coronavirus Response Centre for advice at lcrc@phe.gov.uk or 0300 303 0450

To inform the London Borough of Newham Public Health Team of any case (suspected or confirmed) please email:

publichealthenquiries@newham.gov.uk

APPENDIX 3 Risk Assessment Template

Risk assessment

All employers must conduct a risk assessment. If you have fewer than five employees you don't have to write anything down.

We have started off the risk assessment for you by including a sample entry for a common hazard to illustrate what is expected (the sample entry is taken from an office-based business). Look at how this might apply to your business, continue by identifying the hazards that are the real priorities in your case and complete the table to suit. You can print and save this template so you can easily review and update the information as and when required. You may find our example risk assessments a useful guide (<http://www.hse.gov.uk/risk/casestudies>). Simply choose the example closest to your business.

Company name:

Date of risk assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
Slips and trips	Staff and visitors may be injured if they trip over objects or slip on spillages.	General good housekeeping is carried out. All areas well lit, including stairs. No trailing leads or cables. Staff keep work areas clear, eg no boxes left in walkways, deliveries stored immediately.	Better housekeeping in staff kitchen needed, eg on spills. Arrange for loose carpet tile on second floor to be repaired/replaced.	All staff, supervisor to monitor Manager	From now on xx/xx/xx	xx/xx/xx xx/xx/xx
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						Hint, tab here for new row

You should review your risk assessment if you think it might no longer be valid (eg following an accident in the workplace or if there are any significant changes to hazards, such as new work equipment or work activities)

For information specific to your industry please go to <http://www.hse.gov.uk>.

APPENDIX 4 Visitor Checklist

Before you visit a relative or friend in this setting, please read the following checklist and adhere to the guidance provided.

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE DO NOT VISIT THE SETTING.

1. Have you or anyone in your household had any of the following symptoms in the last 14 days?
 - a. A high temperature (>37.8C - feel hot to touch on back or chest)
 - b. A new, continuous cough (3 episodes of coughing in 24 hours or one hour of coughing)
 - c. A loss or change to sense of smell or taste
2. Have you tested positive for COVID-19 in the last 14 days?
3. Have you felt hot or feverish in last 48 hours (beyond 14 days above)?
4. Have you been in close contact with someone who has had any of the above symptoms, or has tested positive for COVID-19 in the last 14 days?

[Close contact: within 2 metres of someone for more than 15 minutes]

5. Has NHS Test & Trace contacted you in the last 14 days and asked you to self-isolate?

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE DO NOT VISIT THE SETTING.

DOS AND DON'TS WHEN YOU VISIT

DO:

- Wear a face covering. The following face coverings are suitable:
 - 3 ply surgical masks
 - 3 ply homemade face covering
 - IIR fluid resistance surgical
- Wash your hands on arrival and dry thoroughly, or use hand sanitiser
- Use the visitor toilet but only in emergencies. Also:
 - Close the toilet seat before flushing
 - Wash your hands after using the toilet
- Maintain social distancing from the person you are visiting
- Keep your belongings with you at all times
- Bring your own water bottle to drink from
- Meet in the outdoors as much as possible
- Sign the visitor log when you arrive

DON'T:

- Bring gifts or food into the setting

APPENDIX 5 GDPR Privacy Notice for Visitor Log

Keeping you safe from Coronavirus – Privacy Notice July 2020

This privacy notice explains how the [organisation name] (as Data Controllers) will collect, use and protect personal data specifically with regards to the coronavirus pandemic.

Personal information is shared across organisations for the purpose of responding to the critical public health crisis in respect of the COVID-19 pandemic. The personal data in respect of this service is processed for three purposes, these are to:

- Test – the testing of key health and social care workers, other critical workers, members of their household and citizens at Community Testing Units, Mobile Testing Units and/or at home.
- Trace – using results of confirmed cases to make contact with individuals and identify details.
- Protect – enhancing the public health surveillance and response system to enable the prevention of infection and the tracking of the virus as restrictions are eased. We will make daily contacts with the Primary and Secondary Contacts to monitor the wellbeing and provide advice and clinical recommendations.

What is the legal basis for our use of your personal information?

Most of the personal information we process is provided to us directly by you, under the General Data Protection Regulation (GDPR). The lawful basis we rely on for using your personal information are:

- GDPR Article 6 (e) we need it to perform a public task

When we collect data about your health, we also rely on the following lawful basis:

- GDPR Article 9 (2) (h) Provision of preventative or occupational medicine, health or social care or treatment, or the management of health or social care systems.
- GDPR Article 9 (2) (i) Public Health.
- Data Protection Act 2018 – Schedule 1, Part 1, (2) (2) (f) – Health and social care purposes.
- Data Protection Act 2018 – Schedule 1, Part 1, (3) (a) – necessary for reasons of public interest in the area of public health.

Information collected:

- Name
- Address
- Email address
- Telephone number

Agencies we might share the information with:

National Health Service (NHS)

Public Health England (PHE)

INSERT your organisation oversight body

Public Health Newham - LBN publichealthenquiries@newham.gov.uk

How long will your information be kept:

- Information will be stored securely for 21 days and then destroyed securely.

Under data protection law, you have rights including:

- Your right of access – You have the right to ask us for copies of your personal information.
- Your right to rectification – You have the right to ask us to rectify information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.
- Your right to restriction of processing – You have the right to ask us to restrict the processing of your information in certain circumstances.
- Your right to object to processing – You have the right to object to the processing of your personal data in certain circumstances.
- You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

For information regarding to your data rights and how [INSERT ORGANISATION NAME] will process your information please visit our website at XXXX.

How to complain if you are unhappy about how your data is used:

1. You can complain directly to the Council directly to:

Data Protection Officer – [INSERT WHERE YOUR ORGANISATION HAS ONE/A LEAD NAME TO BE RESPONSIBLE FOR THIS – USUALLY TREASURER]

2. You also have the right to complain to the Information Commissioner's Office using the following details:

Information Commissioner's Office (ICO)
The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Further advice and guidance from the ICO on this issue can be found on the ICO Website.

END