Ellern Mede Services COVID-19 Action Plan v10
(Revised 22nd September 2020)

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Executive Summary and General Update

As a specialist mental health in-patient service looking after children and young adults suffering (to varying degrees) from Eating Disorders (ED), Ellern Mede Services will inevitably be affected by the growing COVID-19 crisis in the coming months.

The Ellern Mede Group has developed a plan to anticipate the most likely risks the service will face and to attempt to mitigate or minimise those risks so that we can continue to give safe and effective care to our Patients and to protect our staff.

COVID-19 is presenting us all with unprecedented and challenging times. Things are moving quickly and as a Group we are doing our best to respond to government guidance and professional advice as quickly as possible. We are putting in place additional policies and approaches in place to support and protect staff, whilst enabling us all to continue to safely care for our patients.

As circumstances change (which they inevitably will) the plan will be updated to reflect new circumstances that present and new guidance that has been issued.

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Ellern Mede Group Strategy – September 2020

Eating Disorders (ED) and COVID-19:

Clear evidence to date strongly suggests COVID-19 is more likely to be significantly more dangerous to the elderly and those with compromised immune systems in a population than those who are younger and fitter.

ED patients whose weight is well controlled and restored in Ellern Mede Services (EM) are not at a significant risk from the virus. EDs are often life-threatening illnesses and as such the illness must remain the priority of EM.

The likelihood of the underlying ED impacting our patients and its risk to them will often be significantly higher than the potential risk of COVID-19. The team within EM has discussed this at length, and agreed it is important we do not lose sight of this critically important fact.

We are also mindful that successfully treating the underlying ED (especially but not only in terms of weight restoration) will also reduce the level of risk presented by the virus to our patients. The evidence to date is that children and young people of healthy weight and no other co morbidities are significantly less likely to be adversely affected by the virus.

We are mindful therefore, that a change of the care pathway, including a possible undue early discharge from the service (for SOME patients) may result in compromise of these patients over the long term, and possibly in the short term may lead to rapid and significant weight loss which will expose those patients to the virus to a significantly greater degree. It is this balance of risk that every Consultant and every MDT will assess every single day with regards to the risk of COVID-19 versus the underlying risk of their ED.

We also noted that a number of our patients present risks including serious self-harm, aggressive behaviours and sometimes suicidal thoughts. These risks must also be managed carefully.

EM will therefore, continue to care for its patients with ED being the prime and main consideration for care decisions by the medical and nursing team.

It is important to be absolutely clear, EM takes COVID-19 exceptionally seriously but we understand that we might find ourselves in situations where the two considerations can come into conflict.

The conclusions our senior team has drawn are:

1. All decisions should continue to be taken on the basis of careful risk management, on a day by day basis for each patient.
2. The impact, both short and medium term, of the underlying ED should always be a prime consideration.

3. When considering the implications of the virus, it is important to keep the Medical Director (HAK), the Clinical Operations Director (NM) and the Operations Director (AM) involved prior to taking ANY decisions which are not routine.

The one consistent part of the plan, which is unlikely to change, will be a rigorous enforcement of robust Infection Prevention and Control (IPC) procedures or what we call "good housekeeping". This is good handwashing and a strong awareness of how to best to stop the spread of infections.

The plan currently consists of immediate actions followed by 3 graded responses to be followed, dependent on a day by day assessment of risk (Appendix 1):

Accountability and Leadership

1. MD remains COVID-19 lead. Responsibilities maintained:

    a. to monitor and alert the senior management team (SMT) to all relevant advice regarding COVID-19, especially (but not exclusively) to Public Health England advice as it changes
    b. To update the Ellern Mede COVID-19 action plan as appropriate
    c. To communicate any relevant information including changes to the Ellern Mede COVID-19 action plan with all Ellern Mede stakeholders including:

        - Patients
        - Parents
        - Staff
        - Commissioners
        - Regulator
        - Suppliers
        - Other visitors

2. A member of the SMT will continue to attend each weekday morning meeting specifically to give a COVID-19 action plan update and to take an executive decision on what status the service will adopt. This could be different for each site depending on circumstances at each hospital and in each area.

3. An Ellern Mede Doctor will continue to attend the morning meeting and as a minimum by phone call, to give clinical input into agreeing the appropriate actions status for each site.

4. The Consultant responsible for each patient will work with their MDT to update and revise the COVID-19 risk assessments which should be implemented when required. This will take into account (but not limited to) the following:
    a. Required levels of observation for both day and night
    b. Whether the patient would be suitable for observations by non-clinical staff
    c. Whether the patient would be suitable for immediate home leave
    d. Whether the patient would be adversely affected by a delay in either the frequency of MDT e.g. to 2 weekly rather than weekly or delayed CPA

e. What would be the course of action if the patient presented a high temperature
f. Consider use of a separate area e.g. cottage at Ellern Mede Ridgeway or the Annex at EMB or a part of the ward at EMM for an isolation area if a patient is "suspected" of having COVID-19
g. What other course of action would the service take if the patient was suspected of having acquired COVID-19 (prepare for transfer)
h. If the patient is prescribed NG feeds, consider if the patient would be suitable for a single feed on this particular day.

5. When it is identified that there is an increase in cleaning resource, the Housekeepers will be directed by the SMT to focus on high use areas.

<u>General Infection Prevention Control Procedures (including Personal Protective Equipment)</u>

6. A daily stock check will be undertaken by the OD and communicated to the SMT:

    a. Face Masks – Surgical Type
    b. Face Masks – FP3
    c. Face Masks – FP2
    d. Gloves
    e. Aprons
    f. Hand Sanitizer
    g. Handwash/Soap

7. Large industrial size "buckets" of antiseptic wipes continue to be made available to all areas so that constant surface cleaning by ALL staff can take place as per local protocol.

8. Surgical Masks are always worn in all clinical/Patient areas within EM and in non-clinical areas where social distancing cannot be effectively managed, following the Secretary of State for Health's announcement on 5 June 2020:

    a. hospitals should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation, and other measures where appropriate
    b. in all settings that are unable to be delivered as COVID-19 secure, all hospital staff (both in clinical and non-clinical roles), when not otherwise required to use personal protective equipment, should wear a facemask; worn to prevent the spread of infection from the wearer*
    c. visitors and outpatients to hospital settings should wear a form of face covering for the same reason, to prevent the spread of infection from the wearer

9. The use of surgical face coverings applies to all members of the public when in the hospital setting, including visiting and outpatient appointments.

10. All staff and other care workers must maintain social/physical distancing of 2 metres where possible (unless providing clinical or personal care and wearing PPE).

11. The service will continue to record the temperature of all staff and visitors who enter the hospital and those who are exhibiting outside of the agreed range (37.8) will not be allowed to enter the building until further risk assessment has been completed.

12. Travel between EM sites is permitted unless the location is identified on the Government "watch-list" at which point there will be an immediate cessation of all non-essential travel unless specifically authorised by the SMT.

13. As far as possible, where staff are split into teams or shift groups, the Centre Manager should fix these teams or shift groups so that where contact is unavoidable, this happens between the same people. Movement between wards should be avoided unless deemed completely necessary for Patient safety and wellbeing.

14. As far as possible, ward staff will stagger break times to reduce pressure on the staff break rooms or places to eat and ensuring social distancing is maintained in staff break rooms. Providing hand sanitiser and wipes in staff break rooms.

15. All non-essential external meetings will continue to be facilitated using Microsoft Teams or utilising the a conference call facility. This could include CPAs and other meetings.

16. Preparation will be made so that we can be ready to postpone planned preventative maintenance if non-clinical personnel are required to support their clinical colleagues at ward level.

17. Preparation will be made to identify areas where people directly pass things to each other, for example office supplies, and finding ways to remove direct contact, such as using drop-off points or transfer zones.

18. Preparations will be made to limit passengers in EM corporate vehicles. This could include leaving seats empty.

<u>Patient Engagement and Ward Activity</u>

19. There has been an immediate cessation of all non-essential external patient activities unless specifically authorised by the Responsible Clinician / Consultant and limited to walks in local open space areas where social distancing can be effectively achieved. In this case, a risk assessment for external activities which includes a specific section for COVID-19, should be completed.

20. With immediate effect, home and community leave is limited to 1 visit per Patient per month unless specifically authorised by the Responsible Clinician / Consultant and in agreement with the Group Medical Director. All Patients in any Ellern Mede Group Hospital who access home leave will be receive COVID-19 test upon return from leave. A confirmation COVID-19 test should be taken 4/5 days post admission.

21. A letter will be shared with all Patients advising them of the changes outlined in 'Ellern Mede Services COVID-19 Action Plan v10' (Appendix 6)

22. The health questionnaire developed for Patient in March 2020 (Appendix 5) will be maintained for all new Patients entering EM hospitals. This is to help the Ellern Mede team identify individuals who may present a greater risk to introducing COVID-19 into the hospitals and to help the team try to minimise transmission of the virus.

23. The SMT and clinical teams will evaluate daily when to pause admissions to all Ellern Mede services.

24. All new admissions into EM hospitals are required to be clinically risk assessed for COVID-19 and meet the following criteria:

    a. Patients clinically assessed prior to treatment (inpatient/outpatient) with no COVID-19 contacts or symptoms who have isolated/shielded can be admitted to the ward without the need for isolation. A confirmation COVID-19 test should be taken 4/5 days post admission.
    b. Patients who have a negative COVID-19 test result within 72 hours of care and, for planned admissions, have self-isolated since the test date can be admitted to the ward without the need for isolation. A confirmation COVID-19 test should be taken 4/5 days post admission.
    c. Patients who have recovered from COVID-19 AND have had at least 3 consecutive days without fever or respiratory symptoms AND a negative COVID-19 test result can be admitted to the ward without the need for isolation. A confirmation COVID-19 test should be taken 4/5 days post admission.

25. When a new admission into EM hospitals tests positive for COVID-19, the team will decline admission until:

    a. An appropriate 10 – 14 day period of isolation has been completed in line with national guidance, And the Patient is symptom free of any flu-like illness, OR a pre-planned isolation environment is available with appropriate staff and equipment in place, with testing prior to or on admission arranged.

<u>Patient Visitor Engagement</u>

26. With immediate effect a more rigorous risk assessment will need to take place to justify each visit from a family member, Parent or carer. Visits to the site will take place on a case by case, day by day basis. This will be initiated and ultimately approved, by the patient's consultant as follows:
    a. Only one visit per patient per week.
    b. A maximum of 90 minutes per visit. This could be split over 45 minutes visits each if each Parent wants to visit.
    c. The visits will take place in an agreed location at each site and only when specific circumstances dictate, will visits away from this agreed location at each site be approved.

d. Visits can only proceed if the visitor has completed a health questionnaire or confirmed that no new risk exists from the original health questionnaire (Appendix 5)
e. Visits can only proceed if the visitor has had a temperature check taken and they present below 37.8 C.
f. The use of surgical face coverings applies to all members of the public when in the hospital setting, including visiting and outpatient appointments.

27. A letter will be shared with all family members, Parents or carers advising them of the changes outlined in 'Ellern Mede Services COVID-19 Action Plan v10' (Appendix 7)

<u>Staff Engagement and Activity</u>

28. 'Interim Staff Guidance: Remote Working and COVID-19 Testing' has been developed to guide and support employees on how to access testing in the event they develop symptoms or are advised to isolate (Appendix 2)

29. 'Ellern Mede Group - Interim Staff Guidance: Absence and Isolation' has been developed to guide and support employees on required isolation periods and when to return to work (Appendix 3)

30. All Recruitment related activity will be facilitated using Microsoft Teams or utilising a conference call facility.

31. All Induction related activity will be facilitated using Microsoft Teams or utilising a conference call facility.

32. Non-Critical Staff will be required to work from home and will do so in line with the 'Remote Working: Guidelines and Principles for Working Remotely from Home and Other Locations' policy.

33. Ellern Mede considers the biggest risk to the health and wellbeing of its patients and staff during the COVID-19 crisis is the probability that at some time during the coming weeks and months it is likely there will be days when our staffing levels will come under pressure. Where COVID-19 impacts on staffing levels, the 'Ellern Mede Group COVID-19 Outbreak Daily Action Plans' (March 2020) will be implemented (Appendix 1).

    a. CCTV monitors will be set up in the nursing stations to aid observations if normal staffing levels have been affected
    b. Selected non-clinical staff (who have agreed), will undertake shadowing of healthcare staff (both Nurses an HCAs) so that if Ellern Mede "Action Plan C" (the most extreme circumstances) is implemented they could "assist" care/catering/housekeeping staff with basic activities within the respective departments. Non-clinical staff will NOT be involved in any clinical care such as personal care of NG feed or restraints. How to guides were developed in March 2020 to guide staff to engage safely in basic food production.

Ellern Mede School

34. Ellern Mede School has developed its own action plan in close coordination with the hospital and this overall action plan. The key element of their plan is to continue with education but to reduce to a skeleton on site staff team of teachers and utilise the ZOOM software for remote teaching. This has been trialled and works exceptionally well. We are aware of the national bandwidth issues that are interrupting internet and mobile phone connections as so many people are now home working but to date this has not caused any problems with the trial. This will be implemented from Monday 23 March and the head teacher has communicated with all key stakeholders specifically parents hospital staff and will also be communicating with local authorities over the coming days.

Communications

35. A communications plan was developed in March 2020 and will be maintained. The plan includes communications with Staff, Parents, Families and all Key Stakeholders (Appendix 4)

Appendix 1
Ellern Mede Group COVID-19 Outbreak Daily Action Plans March 2020 (Reviewed September 2020)

Ellern Mede considers the biggest risk to the health and wellbeing of its patients and staff during the COVID-19 crisis is the probability that at some time during the coming weeks and months it is likely there will be days when our staffing levels will come under pressure.

It is difficult to predict how badly we will be affected. The government advice suggests one in five of the UK working population could be affected.

If our clinical staffing levels are more than 85% "manned" we will adopt our normal short staff protocol and the decision for each facility will likely be "business as usual"

We believe could safely manage with up to 20% of our workforce being absent on any one day but in such circumstances, we would implement Ellern Mede action plan A.

However, being a healthcare facility may make us more susceptible to the infection and therefore we are also planning on what actions we would take in the event of 20%-40% of our clinical staff being unavailable to work on any one day at any single facility (with no prospect of any additional staff being gained for the shift e.g. through agency). In such circumstances we would implement Ellern Mede action plan B.

Finally, if for any reason, the proportion of our clinical staff being unavailable to work on any one day at any single facility (with no prospect of any additional staff being gained for the shift e.g. through agency) is greater than 40% we will implement Ellern Mede action plan C.

Each of these plans are and should be, adaptable so that the most appropriate decision is made on any given day in the best interests of the patients, the staff and the service.

Protocol for Reduction in Staffing Levels- Observations and Engagements

Room searches will be conducted over the next few days and all potential risk items to be removed and placed in lockers (due to reduced obs)

- All bedrooms should be locked except for bed time
- Patients to be kept in communal areas and staff to conduct zonal obs where possible- e.g. 1 staff member to a few patients
- Level 3- 5minute obs when patients are asleep
- All patients to have vital signs checked once daily- to be documented clearly on Carenotes
- Nursing team to monitor patients for any symptoms of COVID-19
- All patients to have temperatures checked twice daily (morning and evening)- to be documented clearly on Carenotes
- If vital signs or temperatures are not within usual ranges to contact the doctor ASAP
- Staff members to have temperatures monitored at the start of every shift

- Staff to report any symptoms of COVID-19 immediately (i.e. cough, fever, high temperature) and stay at home if temperature is over 37.8 degrees.

ACTION PLAN A

Implement appropriate parts of COVID-19 care plan

- Observation levels for day and night changed as agreed
- Activate LIMITED and agreed existing MDT clinical staff to support the ward-based care staff in patient care
- Postpone MDT
- Postpone CPA

Implement other parts of COVID-19 action plan

- Postpone non-clinical, non-essential meetings
- Implement school distance learning (this has already been done and is working well)
- Cancel ALL visits and activities out of the hospital

ACTION PLAN B

Implement appropriate parts of COVID-19 care plan

- Observation levels for day and night changed as agreed
- Activate existing ALL MDT clinical staff to support the ward-based care staff in patient care
- Consider implementing all individual COVID-19 care plans which may include e.g. changing to a single feed
- Postpone MDT
- Postpone CPA

Implement appropriate parts of COVID-19 transport plan

- Car share
- Hospital transport pick-ups at agreed locations
- Support staff in sourcing local accommodations if pressure on public transport demands it

Implement other parts of COVID-19 action plan

- Implement school distance learning (following agreement of the RC and the head teacher) this has already been done and is working well
- Cancel ALL visits to the hospital
- Cancel ALL visits and activities out of the hospital

ACTION PLAN C

Implement appropriate parts of COVID-19 care plan

- Observation levels for day and night changed as agreed
- Activate existing ALL MDT clinical staff to support the ward-based care staff in patient care (this may change)
- Change to a single feed
- Supplement care staff with non-clinical staff for observations only
- Send patient on immediate home leave (where practical and appropriate)
- Postpone MDT
- Postpone CPA

Implement appropriate parts of COVID-19 transport plan

- Car share
- Hospital transport pick-ups at agreed locations
- Support staff in sourcing local accommodations if pressure on public transport demands it

Implement other parts of COVID-19 action plan

- Implement school distance learning (following agreement of the RC and the head teacher) this has already been done and is working well
- Cancel ALL visits to the hospital
- Cancel ALL visits and activities out of the hospital

Appendix 2
Ellern Mede Group - Interim Staff Guidance: Remote Working and COVID-19 Testing

During a second wave of COVID-19, there may be categories of employees that are considered high risk and that may be advised to self-isolate, for example, pregnant workers or those with long term health conditions.

As a general principle, Ellern Mede Group is keen to exercise maximum discretion and flexibility in relation to supporting staff to work remotely where appropriate, recognising the exceptional circumstances of a Pandemic. Above all else it is essential that processes followed by Line Managers are transparent, consistent, and fair to all employees. All requests for remote working must be discussed, agreed, and documented through usual line management structures. Any agreements should be time bound and subject to regular review.

It may be necessary to prioritise this group for remote working and the 'Remote Working: Guidelines and Principles for Working Remotely from Home and Other Locations' policy should be used as a guide to facilitate this in addition to 'Ellern Mede Group - Interim Staff Guidance: Absence and Isolation'.

Currently the United Kingdom is experiencing an unprecedented surge in demand for COVID-19 testing which is challenging National capacity. This is causing significant delays in testing as well as individuals either not being able to get a test at all or being asked to travel hundreds of miles for a test, neither of which is satisfactory.

The effect of this on our team(s) is as follows:

- There will be increasing numbers of colleagues who will need to isolate either because they are symptomatic or a member of their household is symptomatic and they will find it increasingly difficult to get a test (until new capacity comes on line) and may have to isolate for 14 days
- This could affect significant numbers of colleagues at the same time

The Ellern Mede Group understand that in in exceptional circumstances, if an employee cannot get a test for themselves or their family member the following can be agreed:

1. Work from home if not in the 'critical staff' category (defined below) until a test is taken utilising the Remote Working: Guidelines and Principles for Working Remotely from Home and Other Locations Policy.
2. If the individual falls within the 'critical staff' category then they should continue to make every effort to get a test but can contact the Centre Manager to see if there is a possibility of getting a test arranged or administered by an Ellern Mede Hospital.
3. As a last resort to follow the Ellern Mede test protocol to pick up a test or tests from the local Ellern Mede Hospital and to deliver back to the site.

Critical Staff Category includes:

- All Nurses and HCAs
- All Specialty Doctors
- All housekeeping staff (i.e. all staff who MUST go on to the ward to be with patients or to clean)
- Catering staff (i.e. all staff who MUST prepare Patient's food daily)

Appendix 3
Ellern Mede Group - Interim Staff Guidance: Absence and Isolation

Symptoms: The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

1. **a new continuous cough**
2. **a high temperature**
3. **a loss of, or change in, your normal sense of taste or smell (anosmia)**

For most people, COVID-19 will be a mild illness. However, if you have any of the symptoms above, stay at home and arrange to have a test to see if you have the virus.

We have presented 5 different scenarios below that will help to guide you to take the most appropriate action.

Scenario 1 – Isolation – You have COVID-19 Symptoms

If you have symptoms of COVID-19 however mild, self-isolate for at least 10 days from when your symptoms started. You should arrange to have a test to see if you have COVID19. Do not go to a GP surgery, pharmacy or hospital.

You can find information on testing here: https://www.gov.uk/get-coronavirus-test or by calling 119.

Reduce the spread of infection in your home by washing your hands regularly for 20 seconds using soap and water, or use hand sanitiser, and cover coughs and sneezes.

In this scenario you should not attend work. You are required to notify your Line Manager and the Human Resources Team at Ellern Mede Group. You should also consider alerting people who you do not live with and have had close contact within the last 48 hours to let them know you have symptoms of COVID-19.

Following a positive test result, you will receive a request by text, email or phone to log into the NHS Test and Trace service website and provide information about recent close contacts. Please let your Line Manager and the Human Resources Team at Ellern Mede Group the test result. We have a duty to notify colleagues and Patients with whom you had close contact.

After 10 days, if you still have a temperature you should continue to self-isolate and seek medical advice. You do not need to self-isolate after 10 days if you only have a cough or loss of sense of smell or taste, as these symptoms can last for several weeks after the infection has gone. See the ending isolation section below for more information.

If you have symptoms, try and stay as far away from other members of your household as possible. It is especially important to stay away from anyone who is clinically vulnerable or clinically extremely vulnerable with whom you share a household.

If you develop COVID-19 symptoms again at any point after ending your first period of isolation (self or household), follow the guidance on self-isolation again. The section below has further information.
If you feel you cannot cope with your symptoms at home, or your condition gets worse, then use the NHS 111 online COVID-19 service. If you do not have internet access, call NHS 111. For a medical emergency dial 999.

Scenario 2 – Isolation – You have a Positive COVID-19 Test

If you are not experiencing symptoms but have tested positive for COVID-19, self-isolate for at least 10 days, starting from the day the test was taken. If you develop symptoms during this isolation period, restart your 10-day isolation from the day you developed symptoms.

From 28 September, you could be fined if you do not stay at home and self-isolate following a positive test result for COVID-19, or if you are contacted by NHS Test and Trace and instructed to self-isolate because you are a contact of someone who has had a positive test result. From this date, if you test positive for COVID-19, it will also be an offence to knowingly provide false information about your close contacts to NHS Test and Trace. Failure to comply with these requirements may result in a fine of up to £10,000. These regulations will only apply in England.

Scenario 3 – Isolation – You live with someone else who has COVID-19 Symptoms <u>OR</u> Positive COVID-19 Test

If you live with others, all other household members need to stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the household became ill or if they do not have symptoms, from the day their test was taken. If anyone else in the household starts displaying symptoms, they need to stay at home for at least 10 days from when their symptoms appear, regardless of what day they are on in their original 14-day isolation period. The ending isolation section below has more information.

If anyone in the household becomes unwell during the 14-day period, they should arrange to have a test to see if they have COVID-19 – go to testing to arrange. If their test result is positive, they need to follow the same advice for people with COVID-19 symptoms – that is, after 10 days of their symptoms starting, if they feel better and no longer have symptoms other than cough or loss of sense of smell or taste – they can also return to their normal routine. However, if their test result is negative, they need to continue with isolation as part of the household for the full 14 days.

Should someone develop COVID-19 symptoms late in the 14-day household isolation period (for example, on day 10 or later) the isolation period for the rest of the household does not need to be extended. Only the person with new COVID-19 symptoms has to stay at home for at least a further 10 days and should arrange to have a test to see if they have COVID-19 - go to testing to arrange.

At the end of the 14-day period, anyone in the household who has not become unwell can return to their normal routine.

Scenario 4 – Isolation – You have been contact Traced because you have come in contact with someone who has tested positive for COVID-19

In this scenario, you must self-isolate for 14 days after you were in contact with the person who has tested positive for coronavirus. This is crucial to avoid unknowingly spreading the virus.

Self-isolation means staying at home and not going outside your home at any time. If you live with other people, they do not need to self-isolate, but they should avoid contact with you as far as possible and follow advice on hygiene.

Scenario 5 – No Isolation – You have been in contact with COVID-19 positive patients or other colleagues in the service have to self-isolate using the Test and Trace guidance

National guidance advises that colleagues who work in, or have recently visited or attended a healthcare/ care setting will follow a slightly different process to that expected of the general public.

> *"If health and social care staff are providing direct care to a patient or a resident with COVID-19 and are wearing the correct PPE in accordance with the current IPC guidance, they will not be considered as a contact for the purposes of contact tracing and isolation, and will not be required to self-isolate for 14 days (the standards for PPE specification, fit testing and regimes of use for clinical and care activities will be agreed and delivered by organisations)"*
>
> **COVID-19: management of staff and exposed patients or residents in health and social care settings (Updated 18 August 2020)**

The contact tracing process will be escalated to local public health experts, who will liaise as necessary with the manager of the relevant service. If a health or social care worker is considered to be a contact, and the recommendation for them to self-isolate would have implications for the provision of the service, their employer will need to escalate this for a risk- assessment to a Tier 1 contact tracer at the local Health Protection Team (HPT). Advice about whether a risk-assessment is needed may also be sought from the HPT. The risk-assessment should take account of any PPE use (including its type and situational appropriateness) and other mitigating factors that may reduce the risk of infection transmission to such an extent that the individual identified as a contact does not need to self-isolate.

Wearing the recommended PPE is important to protect everyone so please ensure that you adhere to PPE guidelines at all time while working. It is important to note that the effectiveness of the use of face masks, face coverings, or other PPE for prevention of transmission or acquisition of coronavirus infection cannot be guaranteed in settings other than the provision of direct care with patients.

Appendix 4 - CRISIS COMMUNICATIONS PLAN

This is a dynamic document and may change according to graded response Clinical Strategy and Government Guidance with regards to COVID-19 outbreak. Please see date and version number.

Stakeholders who require communication		
Audience	**Key Message**	**Method of communication**
Inpatients and Outpatients	Postponement of some appointments, changes to external visits and outings plans, what to expect for minimised services.	Outpatient Co-ordinator to talk to outpatients by telephone and email. Discussions with inpatients at Community Meetings.
Parents/Carers and Families associated with patients	Prevention measures, graded plan outline.	Inpatient Families received an emailed letter in February. Updated email letter to go to inpatient families w/c 16 March.
Staff – both internal permanent, bank and agency Cleaning Staff	Circumstances for protection, what to expect if unable to come to work, special measures to support; behavioural infection control processes to observe.	All User email with guidance was sent in February. This to be updated and sent out with Pay Slips on 13 March. Signage at hospitals is in effect from February. Face to face briefings from Line Managers. Special COVID-19 Edition Staff Newsletter to go out w/e 20 March. Cleaning Staff – additional resources and advice for deep cleaning and enhanced infection control face to face briefing. COMS meetings, Morning Meetings being used for regular updates to be cascaded by those present to colleagues.
Agency Managers	To be on alert for heightened demand for agency staff.	HR to write to Agency Managers requesting they increase HCA staff resource. Write to additional Agency Suppliers not yet used to increase resource base.

Suppliers	Please follow government advice on infection control with regards to all deliveries and collections.	Letter to Suppliers advising what on site precautions and sanitisation is available and requesting tight control on health of staff sent to site.
Commissioners	Full details of the Action Plan and ongoing updates	Letter to Commissioners from SMT with Action Plan. Recorded Delivery Post and Email.
Regulator (CQC)	Full details of the Action Plan and ongoing updates	Letter to CQC from SMT with Action Plan. Recorded Delivery Post and Email.
General Public	Reassurance that we have an action plan, high level details of what is done at each stage.	Website Article to be published w/e 13 March and regular updates on any changes we make as guidance progresses.
Press and Media	Responsive to any questions with prepared statements. No need to be proactive unless information about a crisis lies in the public domain.	Prepared reactive press statements to use as required. Switchboards to be warned to expect media calls. All media calls to be put through to Communications Team. No staff to talk to media.

Appendix 5 – Visitor Health Questionnaire

COVID-19 HEALTH SCREENING QUESTIONNAIRE:

Ellern Mede
specialists in eating disorders treatment

Name (block capitals) .....DATE.....

To minimise the risk of transmission of the COVID-19 virus, it is now necessary to risk assess all individuals entering Ellern Mede hospitals. A decision on whether to allow individuals to enter an Ellern Mede hospital will be based on the need for that individual to come on site, as well as completing the basic heath questionnaire (below). This is required before a decision will be made to allow you to come into the hospital.

Please complete this form and return to site reception by hand or by email to:

Sharon.Donaldson@ellernmede.org	For Ellern Mede Moorgate
steve.cross@ellernmede.org	For Ellern Mede Barnet
yetty.agunbiade@ellernmede.org	For Ellern Mede Ridgeway

Why do you need to come into an Ellern Mede hospital?

Is there a viable alternative to you coming on site such as conference call or Skype call	Yes ☐	No ☐	Unsure ☐

If you answer yes to any of the questions below, at any time, further risk assessment will need to take place by the patients Consultant. (This does not necessarily mean you will not be allowed onsite).

1. Within the past 14 days have you travelled to or from another country?	Yes ☐	No ☐	Unsure ☐
2. Within the past 14 days, have you been in close contact with someone who has travelled to another location where COVID-19 has been diagnosed or suspected?	Yes ☐	No ☐	Unsure ☐
3. Within the past 14 days, have you had any flu like symptoms, or have you been around people who have been or are sick with flu like symptoms?	Yes ☐	No ☐	Unsure ☐
4. Within the past 14 days, have you had a raised temperature (over 37.8◦c)?	Yes ☐	No ☐	Unsure ☐
5. Within the past 14 days, have you had a sore throat a dry cough or shortness of breath?	Yes ☐	No ☐	Unsure ☐

Comments or clarifications box:

Signature to confirm the details shown above are correct on the date of completion:

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Appendix 6 – Patient Communication (September 2020)

Appendix 7 – Family Communication (September 2020)