



Tuesday 26th January 2021



Covid-19 and Insurance- Are you Covered?

The webinar will begin shortly



Agenda

- Continue to follow guidance
- The importance of understanding your insurance policy
- The impact of not following government advice and guidance
- Staff refusing the vaccine: What does this mean for insurance cover?
- Governance and Auditing
- Other areas to consider
- Q&A

Guidance and Advice

- Personal protective equipment (PPE) – [Click here](#)
- PPE Illustrated Guide – [Click here](#)
- How to work Safely in a care home- [Click Here](#)
- Supported Living – [Click here](#)
- Admission and Care of Service Users in a Care Home during COVID-19- [Click here](#)
- Day services SCIE- [Click here](#)
- Delivering Face to Face Adult Day Care [Click here](#)
- How to work Safely in a Domiciliary Care [Click Here](#)
- Aerosol Generating [Click here](#)
- Infection Control Checklist [Click here](#)
- Testing Guidance [Click here](#)
- HCC Letters [Click here](#)

Keeping up Standards

- There is insufficient scientific evidence around if the vaccine stops people spreading the virus.
- Therefore, you **MUST** continue with their high standards of PPE and IPC and they have a duty of care even in their home lives to take all of the current government precautions.
- Encourage staff to be vigilant inside and outside of work.
- Government Update [here](#)
- **To support you we have created a new page on all the latest guidance and resources- www.hcpa.info/ipc**

Social care staff have done so well up to now; let's not let our guard down.

Masks

“During a period of sustained transmission of COVID-19 across the UK, an additional level of PPE is required for normal care. See [guidance on specific PPE for use in the care home sector](#) and [guidance on specific use of PPE on Domiciliary Care](#).

Therefore, it is counter to that guidance to think that staff with a mask exemption letter can continue to provide care.

What can you do?

- Look at reasonable adjustments for the individual. Can they continue to wear the PPE but be given additional breaks so they can go to a private space or outside to remove the mask for a time period
- Redeploy the individual to non-care duties - However please remember masks are meant to be worn throughout care premises including offices so you if there are redeployment tasks these may need to be completed at home
- If there are no alternatives for the staff member the employer can look at the staff member being put on Furlough as there is not work for them due to COVID-19 - [Please find details here](#)

Eye Protection

Eye protection is recommended for care of clients where there is risk of droplets or secretions from the client’s mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing).

Risk Assessment- Be Cautious

Do you need to use visors/eye protection? You are advised to carry out a risk assessment, if you think there is a risk of any splashing (even sneezing), then your risk assessment may well suggest that a visor/eye protection is necessary. If you are providing care for a person who is, or you suspect may have, COVID-19 then your risk assessment would say a visor/eye protection is necessary.

» [Read the Government guidance](#)

Dan May

Account Executive - Caring Professions Division
Towergate Insurance Brokers



The importance of understanding your insurance policy

- Be aware that insurers are pulling out of the market and/or restricting cover; many insurers have stopped writing new business in the care sector. Talk to your insurance broker well in advance of renewal, we would recommend 90 days
- Make sure you are aware of how insurers are excluding cover in respect of Communicable Disease and what this could mean for you
- Government indemnity for 'Designated Settings' for Covid-positive discharges



The impact of not following government advice and guidance

- Are your policies and procedures robust in terms of being able to defend a potential claim; insurers would expect that you act with reasonable care
- Can you fully demonstrate that you have undertaken necessary risk assessments, staff training, care plans etc and that this is all suitably documented so that if a claim arose you are in the strongest possible position to defend yourselves?
- Insurers expect that providers are following the guidance around Covid-19 and vaccinations etc, so will want to understand your processes
- Common now for insurers to require completion of an infection control questionnaire and they are paying closer attention than ever to CQC reports – often now ask for sight of Emergency Support Framework reports



Staff refusing the vaccine: What does this mean for insurance cover?

Although insurers can't tell you what to do, if staff do not have the vaccine and there is an outbreak of Covid-19 at the home then it may cause difficulties in terms of insurers paying a claim.



Michelle Airey

Integration Manager

Hertfordshire Care Providers Association



Why is it important to audit?

- Auditing enables your service to understand where there could be gaps and to identify additional training and support staff may need
- Ensures high quality care that is safe and effective is given
- To show that your service is responsive and proactive in the management of IPC/PPE
- It may stop an outbreak by identifying any areas/practices that are found to be not adhering to current guidance
- To ensure that staff are adhering to guidance to keep themselves and the residents as safe as possible – it's also a chance to refresh knowledge in a supportive way
- Demonstrate proof of governance



What does the audit process involve?

- Starts with competency-based training
- Demonstration of selection of appropriate PPE
- Ability to locate PPE
- Demonstration of correct donning and doffing
- Trainee demonstration of correct donning and doffing
- Regular audits for adherence



Audit Frequency

- Audits should be completed at regular intervals, at least monthly but if compliance is low weekly should be considered. Minimum 25% of staff to be included and all staff teams
- The above needs to include Night staff
- Selection of staff should be randomised and cover all sections of your care environment
- However, practice should be continually monitored and acted upon
- It is also important to re-educate and audit whenever there is a change in equipment or supplies and if rates of infections are high or increasing.

Planned vs Random Audits

PLANNED OBSERVATIONS	
PROS	CONS
Can be scheduled to ensure that all individuals demonstrate regular competency	Unable to determine behavior during the routine course of duties
Scenarios can provide feedback on individual's ability to choose PPE appropriate for the situation	

RANDOM OBSERVATIONS	
PROS	CONS
Ability to assess adherence during normal work	Requires large number of observations on all shifts

Feedback

Feedback should be:

Specific—When a break in protocol is identified, it should be specific

Timely—immediate feedback is the most effective

Non-threatening—the feedback should be given in a manner that is non-threatening

Type of Feedback	How it Works	Benefits
Immediate Feedback	Feedback given at the time of the occurrence	Can be given by anyone; including observers, managers, supervisors or peers
Planned Feedback	Feedback given at pre-determined intervals through a type of measurement system	Usually the responsibility of a designated department or assigned role

Hertfordshire IPC Checklist

The purpose of this supportive development tool is to help identify if the home is well prepared for dealing with a resident suspected or confirmed as being infected with COVID-19 and minimise the spread of infection.

It is vital that staff are confident in:

- Effective hand hygiene
- Putting on and taking off PPE correctly including being clear what PPE is required when working within the care environment
- Practising social distancing
- Effective isolation of suspected or confirmed cases of COVID-19 14 days including identifying those who have been in contact with said case
- Equipment decontamination
- Environmental cleaning and disinfection
- Safe handling of laundry and waste management
- How to escalate if they suspect residents may be COVID-19 positive
- The resident and staff testing pathway
- Safe practices for staff uniforms

[Click here to download](#)

No.	Section	Definition to use	Assessment	Yes/No	Staff Name/Initials
1	General IPC training	Have all staff received training in IPC covering basic hygiene and general infection procedures. Checklist and an overview of IPC . This should include domestic capabilities and use of disinfectants for any areas deemed at ALL RISK including areas for staff working in the care home.	Do you have a record of training undertaken and confirm to show all staff who have completed training? Yes/No		
2	Basic Infection Control	Are all staff confident in the following? • Hand hygiene in relation to COVID-19 and PPE in relation to COVID-19 • Environmental cleaning and disinfection procedures for COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps	Are you confident in the following? • Hand hygiene in relation to COVID-19 and PPE in relation to COVID-19 • Environmental cleaning and disinfection procedures for COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps		
3	Isolation	Are all staff confident in the following? • Identifying and isolating suspected or confirmed cases of COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps	Are you confident in the following? • Identifying and isolating suspected or confirmed cases of COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps		
4	Reporting and Escalation	Do all staff have knowledge of the following? • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19	Do all staff have knowledge of the following? • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19 • How to report a suspected or confirmed case of COVID-19		
5	Identification of suspected cases	Are all staff confident in the following? • Identifying and isolating suspected or confirmed cases of COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps	Are you confident in the following? • Identifying and isolating suspected or confirmed cases of COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps		
6	Isolation facilities and location of cases and contacts	Are all staff confident in the following? • Identifying and isolating suspected or confirmed cases of COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps	Are you confident in the following? • Identifying and isolating suspected or confirmed cases of COVID-19 • Safe handling of laundry and waste management • Safe handling of sharps • Safe handling of needles • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps • Safe handling of sharps		

Hand Hygiene Audit Tool

- This audit tool can be used as a rolling program of audit of compliance with your Hand hygiene Policy. Please ensure that all staff should be assessed for hand hygiene technique on at least an annual basis, suggest to complete 25% of staff monthly
- Please use additional copies of this form as necessary.
- All columns should be completed.
- During clinical situations, where possible, staff should be observed undertaking 'Key Moments' – see overleaf.
- During non-clinical situations, e.g. assessing hand hygiene technique after a team meeting, tick N/A in the 'Key Moment' column.
- In the event of non-compliance, action plans should be produced and reviewed regularly.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections and local monitoring.

Hand Hygiene Audit Tool



Hand hygiene Audit Tool for Care Homes

Action

- This audit tool can be used as a rolling programme of audit of compliance with your Hand hygiene Policy. Please ensure that all staff should be assessed for hand hygiene technique on at least an annual basis.
- Please use additional copies of this form as necessary.
- All columns should be completed.
- During clinical situations, where possible, staff should be observed undertaking 'Key Moments' – see overleaf.
- During non-clinical situations, e.g. assessing hand hygiene technique after a team meeting, tick N/A in the 'Key Moment' column.
- In the event of non-compliance, action plans should be produced and reviewed regularly.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.

NOTES:

* Staff should be 'Bare Below the Elbows' (BBE) when delivering direct care to residents. BBE is being free from long-sleeved clothing, wrist and hand jewellery (other than one plain band ring). Long sleeves, if worn, should be rolled or pushed up to the elbows. Finger nails should be short and clean, no nail varnish, false or acrylic nails, nail extensions or nail jewellery.

**Refer to the 'Hand Hygiene Technique for Staff' poster overleaf.

Observation	Staff member being observed	'Key Moments' Was the opportunity taken to clean their hands at each moment	Staff are 'Bare Below the Elbows**	Cuts and grazes are covered with a waterproof plaster	The correct hand hygiene technique is used when washing hands**	Paper towels are disposed of without touching the waste bin lid
No. 1		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 2		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 3		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 4		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 5		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 6		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 7		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 8		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 9		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 10		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Auditor: Unit/Location: Date:

PPE Audit

Personal Protective Equipment Audit Template v1

- This audit tool can be used as a rolling programme of audit of compliance with your PPE practice.
- Please ensure that all staff should be assessed on PPE regularly, suggest 25% of staff monthly.
- Please use additional copies of this form as necessary.
- All columns should be completed.
- In the event of non-compliance, action plans should be produced and reviewed regularly.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.
- Prior to auditing all staff should have had undertaken training and had completed Donning and doffing competency for PPE.

Donning Issues	Yes	No	Comments
Performed Hand Hygiene			
Tied gown & fastened at neck & waist			
Selected appropriate mask or respirator			
Applied mask appropriately			
Selected Eye Protection if appropriate			
Applied gloves to cover cuffs			
Doffing Issues			

What's the bottom line?

1- Regular audits to monitor adherence to IPC and PPE should include:

- Appropriate selection
- Donning
- Doffing
- Hand hygiene
- Environmental contamination
- Evaluation of appropriate supplies and equipment
- Proximity of supplies to point of use

2- Keep policies and Procedure sup to date with local and national guidance

3- Keep up to date with guidance changes- sign up to HCPA newsletters and visit www.hcpa.info/ipc

Other Considerations

Have you considered other areas where you will not be covered or be able to prove compliance of the guidance?

- Safeguarding**

Not wearing a mask could be raised as a safeguarding concern, as the service user is being put at higher risk due to the care delivery.

- Health and Safety**

•Staff not wearing PPE while working may go against the act which states the duties employers have towards employees and members of the public and employees have to themselves and to each other. If a staff member dies the employer will need to contact RIDDOR and explain how they followed all IPC guidance throughout the service.

- Regulation and Monitoring**

Many providers will be regulated by CQC and Local Monitoring and asked to provide evidence of all IPC guidance including the correct use of PPE. Those providers unable to provide will be marked down and could be put under improvement processes.

What can you do? Ensure your service is following all the correct guidance and that your service following all governance and auditing processes to prove correct practice. **To support you we have created a new page on all the latest guidance and resources-** www.hcpa.info/ipc

Next Steps: Infection Control Lead

- 5 x 2.5 hours modules to be delivered online- Modules will cover:
 - Roles and Responsibilities
 - Local and National guidance
 - Liability, Governance and auditing
 - IPC and PPE Principles
 - Right PPE, Right Time
 - Positive Behaviour Support- Managing Isolation
- For all Adult Care Services
- Linked with an audit tool and action plan
- Covers all guidance
- Linked to CQC and PAMMS outcomes
- Yearly CPD and Action plan required

Developed in conjunction with HCC Monitoring, CCG quality teams, NHS IPC Nurses and Public Health.

Q&A

Provider Hub

Call 01707 708 108 (9am – 5pm | Mon – Fri)

Email assistance@hcpa.info

Visit- www.hcpa.info/covid-19

Sign up for the Daily HCPA newsletters

Support COVID-19 pages managed on the HCPA website- www.hcpa.info/covid-19

