

17 March 2021

ADS and MH Breakout session



Agenda

Commissioning Update- ADS HCC

Commissioning Update- MH HPFT

VCS Update- HCC

Q&A

BCP and Succession Planning

ACE

Health Liaison Team- Deterioration

PPE Best Practice and IPC Support

ADS and MH specific Education - Posture friends and MH

Q&A

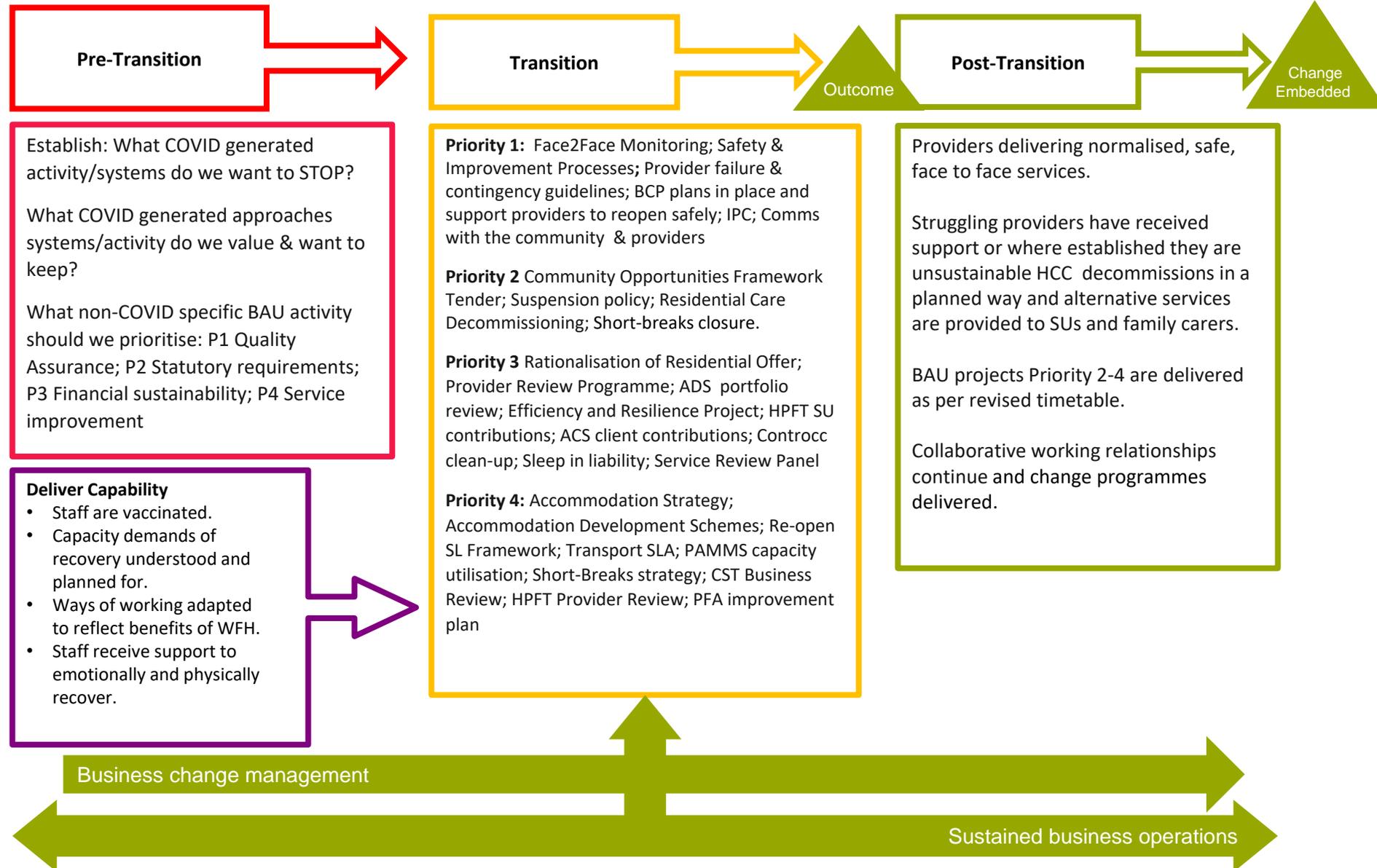
Updates Community Commissioning Adults with Disabilities

Nadine Raenke

Deputy Head of Service CCAD

Recovery planning - Draft

Benefits realisation



Day Services

- Tender for future contracts for community opportunities currently live (closing date: 23rd April)
- Any queries / clarification questions **MUST** be raised through tender platform Supply Hertfordshire (deadline: 1 April)
- Recovering planning for the sector continues and requires ongoing engagement

Supported Living

- In second year of framework
- Currently proposal to extend and reopening are considered
- As part of this will collate feedback on your experience with the framework, referral process etc.

Residential Care

- Understanding the impact of Covid on Providers and the market.
- Review and changes to current commissioning over the next two years; development of new services, de registering and decommissioning.
- Number of closures projects and potential re purposing of sites currently underway.

Short Breaks

- Closure programme of one external and two internal services continues with transitions work for people to new services.
- Short Break and Respite Strategy development:
 - Co-Producing with carers and people who access services;
 - Broader than overnight short breaks, need to offer a range of breaks.
 - Will bring providers into strategy & service development conversations.

Monitoring Services

- Current considerations how to return from remote monitoring to on site monitoring
- Will start to chase outstanding actions from action plans, please check your PAMMS
- STAN is likely to continue long term

Covid outbreak support

- Please continue to support outbreaks (all services)
- Support with Business Continuity Planning
- Vaccination levels – data collation

thank you

Commissioning Update - HPFT

Joy Rickard

CCPS Interim Team Manager | AMHP Continuing Care & Placement Service (CCPS) | Hertfordshire Partnership NHS Trust (HPFT)

Amy Kay

Business Manager | AMHP Continuing Care & Placement Service (CCPS) | Hertfordshire Partnership NHS Trust (HPFT)

amy.kay2@nhs.net

Commissioning Update – VCS

Ted Maddex

Commissioning Manager | Integrated Community
Support Team | Adult Care Services

Business Continuity Planning and Succession Planning

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• **BUSINESS
CONTINUITY
PLANNING
AND
MENTORING
SERVICE**

- **Do you need some support with Business Continuity Planning?**
- **Can we help you to make your plan more robust and more user friendly?**
- **Do you want some advice on further development of your service to meet quality measures?**

Project Aim

Services will be identified through the following routes:

- Commissioning and Monitoring Department referral.
- Risk Assessments on Care Provision via State of the Market Reports
- Strategic Quality Improvement Group
- Self-Referral
- HCPA internal referral – Provider Hub, Education Team, IFS/STAN+. This referral could identify and support services via early intervention



Interested
in this
service?

- Contact bcp@hcpa.co.uk for self-referral

"The Business Continuity will provide care providers with a wrap-around business support service that will enable business continuity and service development by identification of areas for improvement, review, planning and completion"

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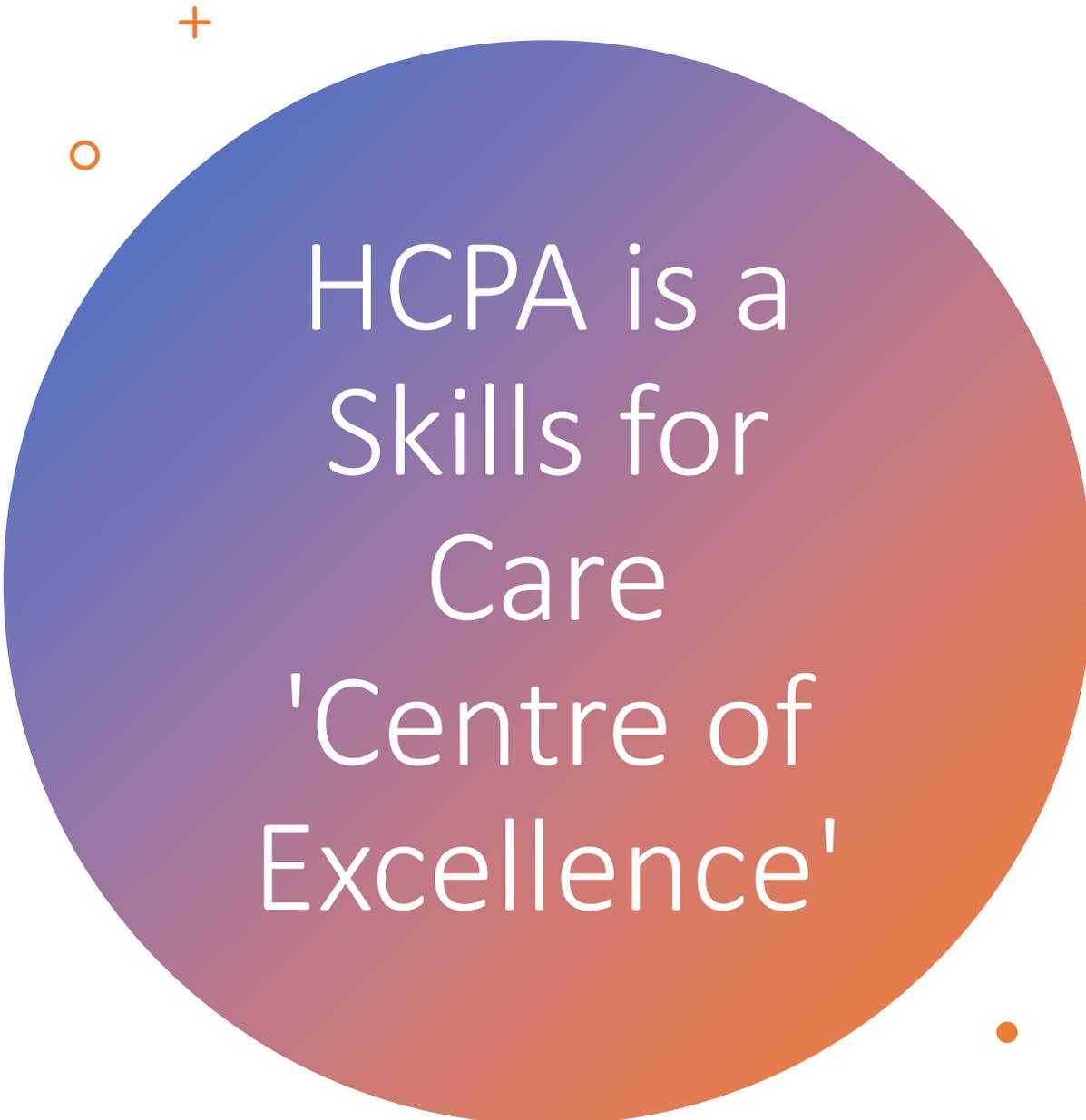
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Succession Planning

- Building leaders of the future to make your business resilient
- Helping you to recognise talent
- Giving you access to 'open courses'
- Helping your business to grow

Project Aim

- **This Framework will also work on creating standardized progression routes within organizations which will link into the Care Professional Standards Academy.**
- Grow leadership talent
- Based on learning and reflection relating to endorsed Skills for Care products

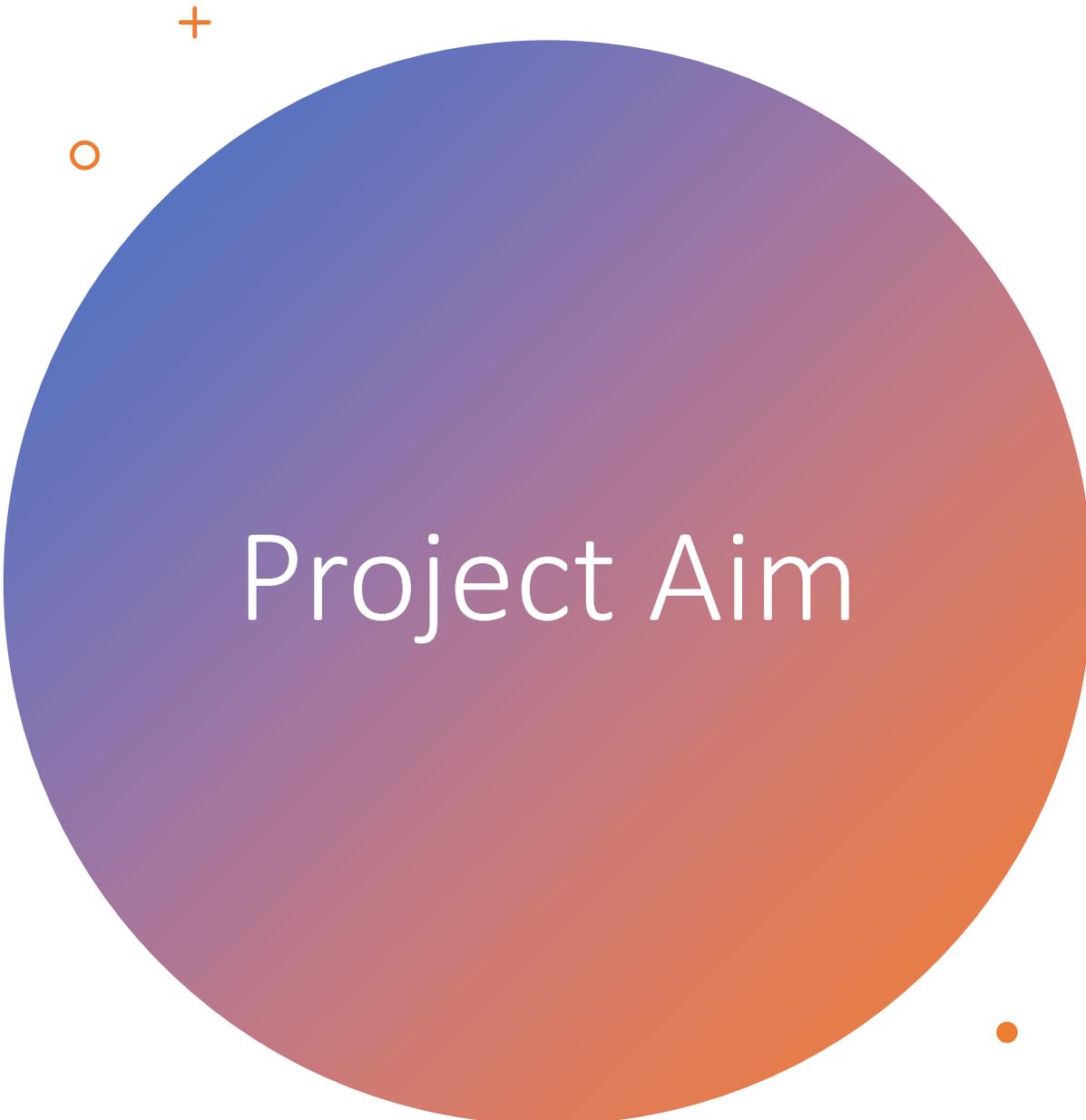


HCPA is a
Skills for
Care
'Centre of
Excellence'

HCPA is licensed by Skills for Care to deliver the following programmes

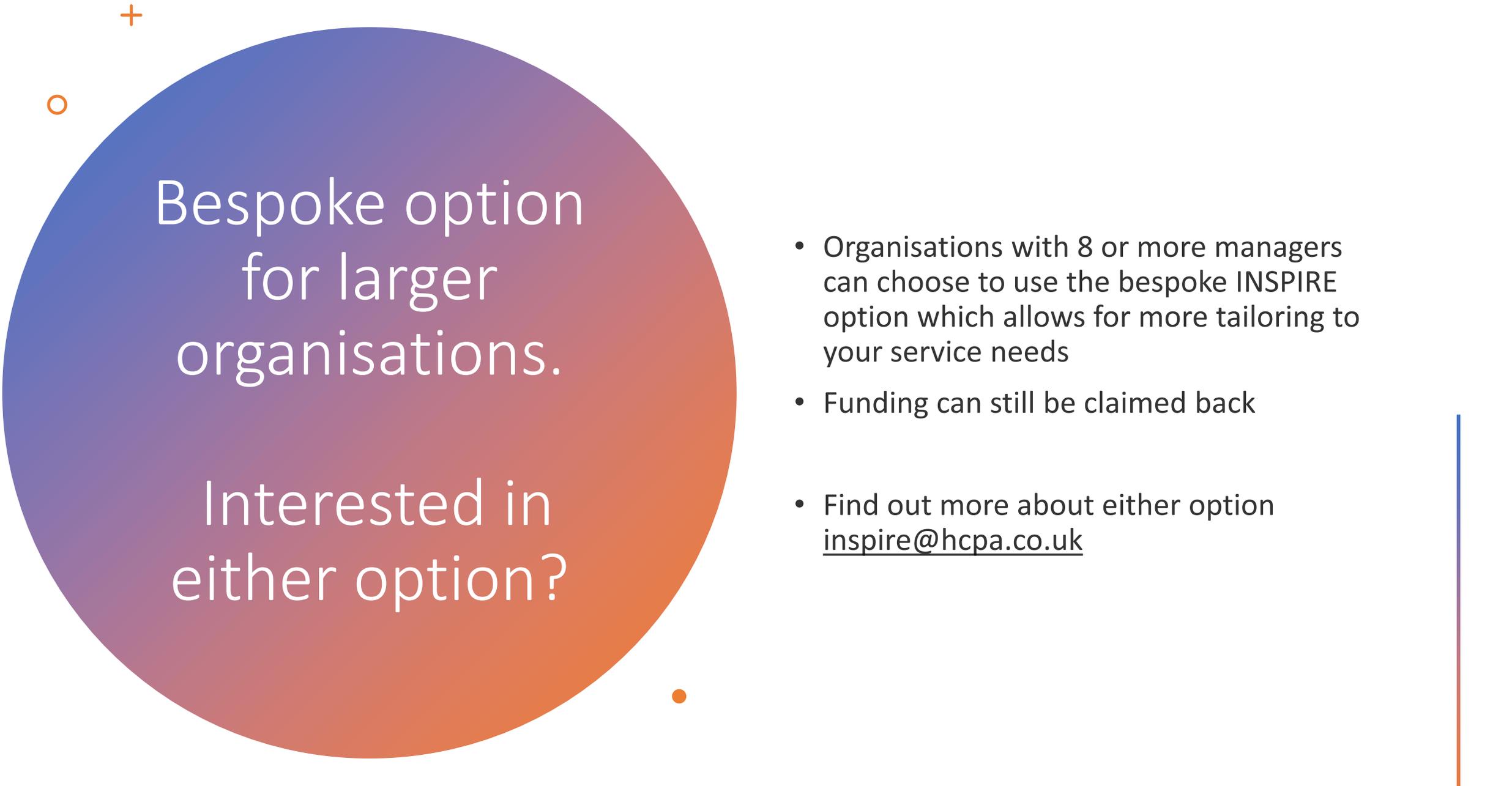
- **Lead to Succeed (aspiring leaders)**
- **Well-led (current leaders)**
- **Understanding Performance Management**
- **Understanding Workplace Culture**
- **Understanding Self-Management**

Route Purple – INSPIRE - Operational	Route Orange – INSPIRE - Strategic
Aspiring to be a senior (aspiring leaders and new leaders)	Additional skills for Managers (current leaders who have been in position for at least 2 years and have decision making responsibilities)
Lead to Succeed	Well-led
Understanding Team Dynamics	Understanding Team Dynamics
<p>Key areas which will be embedded in this Tier</p> <ul style="list-style-type: none"> • Understanding the PAMMS framework • Leading a team in innovative Person Centre Planning leading to positive wellbeing outcomes • Managing Difficult Conversations • Values Based Recruitment & Retention • Governance and best practice in auditing 	<p>Key areas which will be embedded in this Tier</p> <ul style="list-style-type: none"> • Risk Assessment and Root Cause Analysis – Strategic View • Recruitment & Retention - Strategic View • Systems Leadership – working together with health partners • Professional Reflective Practice • Governance and best practice in auditing Strategic View • Valuing the Staff Team, creating personal development plans and professionalising the sector • Using learning from the Pandemic to look for positive change to practice
	<p>Possible Optional Follow on – next steps</p> <ul style="list-style-type: none"> • Innovative leadership practices linked to Project Management Qualification



Project Aim

- This Framework builds upon and will be part of the HCPA INSPIRE Framework.
- Different organisations require different interventions for their leadership and sustainability.
- REFERRAL - HCPA will **work with monitoring officers and CQC inspectors** to identify organisations who would benefit from this intervention.
- SELF-REFERRAL - HCPA will also enable organisations to **self-refer** into the programme.



Bespoke option
for larger
organisations.

Interested in
either option?

- Organisations with 8 or more managers can choose to use the bespoke INSPIRE option which allows for more tailoring to your service needs
- Funding can still be claimed back
- Find out more about either option inspire@hcupa.co.uk



HCPA Agency Charter of Excellence Mark

Agency Charter of Excellence Mark awarded by HCPA

What is the Aim of ACE?

- ACE is the Agency Charter of Excellence Mark awarded by HCPA.
- This is a Mark to show the achievement of high quality standards and performance from staffing agencies to all providers.
- Raising the standard and skill of the staff provided by the staffing Agency
- Ensuring robust regulatory standards, for the use of staff in the care sector, are upheld by the staffing agency
- **Providing our Members with clear information on the quality of the Staffing Agencies available to them**
- There will be three levels of attainment for ACE Mark Holders:- Standard, Silver and Gold



The Agency Charter of Excellence Mark is recognition for all staff recruitment agencies who offer care Staff to Adult care provider in Hertfordshire

ACE Mark holders have demonstrated that they:

- Have strong policies and processes in place
- Actively monitor quality and maintain robust quality standards, especially during COVID-19
- Engage & retain good, well-trained candidates or new workers

If you are a provider wishing to use one of the ACE Mark holders - [click here](#)

If you are a recruitment agency and wish to be an ACE Mark holder - [click here](#)

The Agency Charter of Excellence Mark is recognition for all staff recruitment agencies who offer care Staff to Adult care provider in Hertfordshire

ACE Mark holders have demonstrated that they:

- Have strong policies and processes in place
- Actively monitor quality and maintain robust quality standards, especially during COVID-19
- Engage & retain good, well-trained candidates or new workers

If you are a provider wishing to use one of the ACE Mark holders - [click here](#)

Below are the details of agencies who have put themselves forward to become ACE Mark holders.

Please click on an entry below for more details:

(Some agencies may offer service outside of Hertfordshire)

Type of service offered: All Administration Care staff Cleaners
 Cooks Drivers Maintenance Managers Nurses Seniors

Hertfordshire areas covered: All East Hertfordshire North Hertfordshire
 Three Rivers Welwyn Hatfield Broxbourne Dacorum Hertsmere
 Stevenage Watford St. Albans

Search



Benefits to the Provider

- Easy to access list of Agencies on our Website
- Confidence for care providers in their choice of Staffing Agency
- Confidence for care providers in their continued regulatory compliance during times of emergency
- Better quality of service and staff and a more resilient service
- Access to the training passport of all staff they are using as part of a one page profile
- HCC recognise the ACE Mark and use of these agencies will support monitoring process

Recognising deteriorating health in people with learning disabilities and/or mental health needs

Health Improvement and Prevention Team for people with Learning Disabilities (HIP-LD) Team

Who are the Health Improvement and Prevention Team for people with Learning Disabilities (HIP-LD)?



- We are a part of the Health Liaison Team in Adult Care Services Community Learning Disability Nursing Service at Hertfordshire County Council.
- Our role is to help you identify health changes that can reduce the chances of people with learning disabilities being admitted to hospital for conditions that can be treated in the community.
- We can support you in using health monitoring tools that will empower you in advocating for your service users to health professionals about these changes and your concerns.

What has the Learning Disability Mortality Review Programme told us so far?

Of 3,195 people with learning disabilities whose deaths have been reviewed, 3,006 (94%) had at least one long-term health condition. The mean number of long-term health conditions was three.

The five most common long-term health conditions reported in completed reviews were:

- Epilepsy (36%).
- Cardiovascular problems (32%).
- Dysphagia (29%).
- Mental ill health (26%).
- Constipation (23%).



Table 9: Median age at death by cause of death (as recorded on Pt I of MCCD)

<i>(Deaths from 1st April 2017 and where ICD-10 codes are available)</i>	Median age at death
Bacterial pneumonia	61
Sepsis	61
Aspiration pneumonia	60
Down's syndrome and dementia/Alzheimer's disease	60
Epilepsy	50

Table 2: Median age at death for people with learning disabilities and long-term health conditions

Males	Number	%	Median age at death
No long-term health condition	123	7%	55
One long-term health condition	290	16%	56
Two long-term health conditions	396	21%	57
Three or more long-term health conditions	1,038	56%	61
Females			
No long-term health condition	66	5%	54
One long-term health condition	213	16%	53
Two long-term health conditions	293	22%	61
Three or more long-term health conditions	772	57%	58

Why is this relevant to you as a care provider?



All these health conditions give physical clues- You have a vital role in spotting these signs!

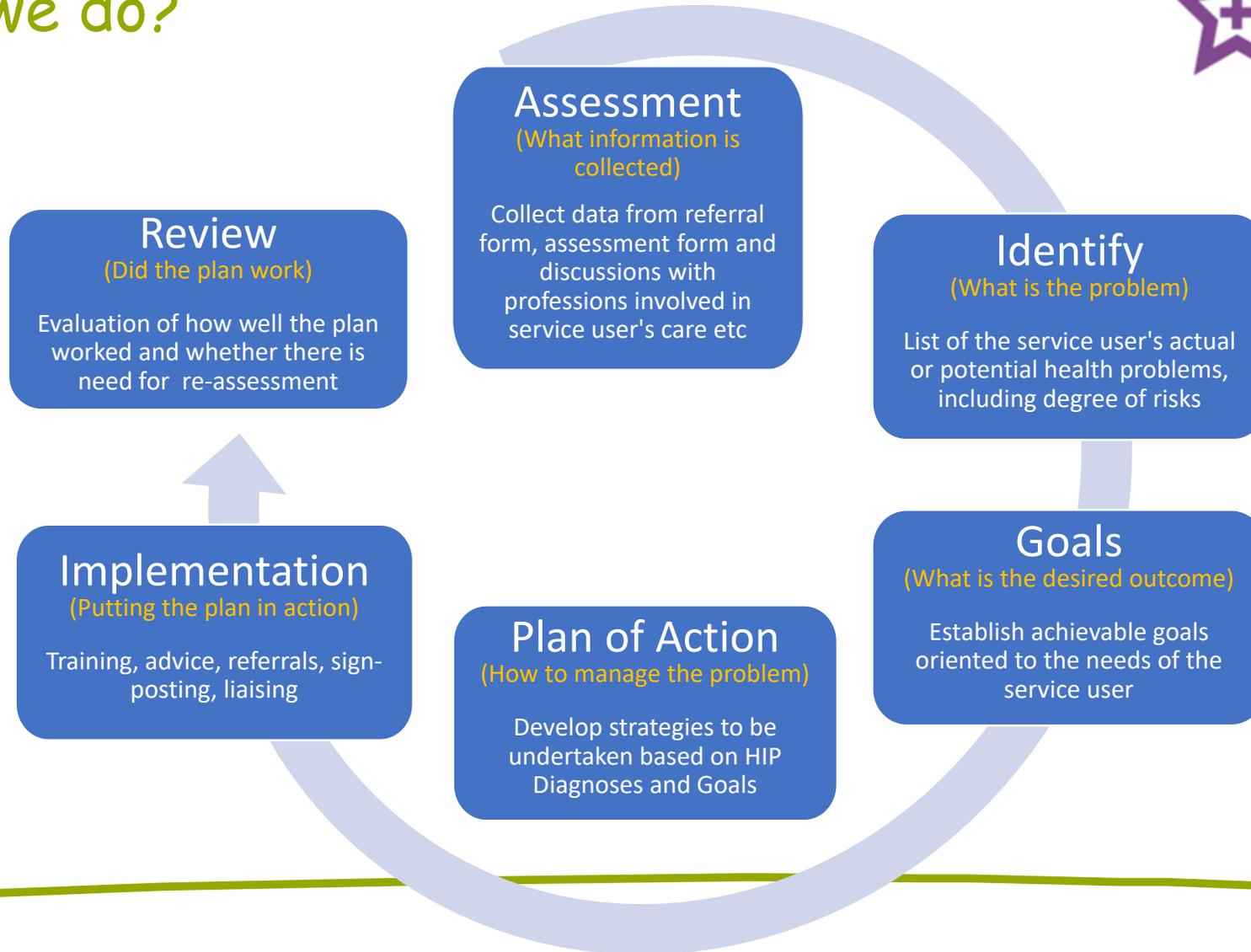
- Early detection of illnesses reduces the risks of people dying early
- Hospital admissions for people with learning disabilities are high risk - unfamiliar carers, communication issues, false assumptions
- Understanding a person's usual baseline when they are well will help you to identify when these are different
- The HIP-LD Team can help you in knowing how to report these changes to health professionals for them to interpret and respond

What do we do?



eQUALITY

for people with learning disabilities



What training does the HIP-LD Team offer?



- ✓ Soft Signs of Deterioration - Restore2 mini
- ✓ Infection Prevention and Control
- ✓ Sepsis
- ✓ Urinary Tract Infections, Urine colour and Hydration
- ✓ Falls Prevention
- ✓ Pressure area care

Provide resources

STOP

Watch & Respond

Early Warning Tool

Resident's Name: _____ DOB: _____
NHS Number: _____

Step 1 If you have identified a change whilst caring for resident, tick the change below or document if not on the list.

S	Seems different than usual <input type="checkbox"/>
T	Talks or communicates less <input type="checkbox"/>
O	Overall needs more help <input type="checkbox"/>
P	Pain – new or worsening; Participated less in activities <input type="checkbox"/>
a	Ate less <input type="checkbox"/>
n	No bowel movement in 3 days; or diarrhoea <input type="checkbox"/>
d	Drank less <input type="checkbox"/>
W	Weight change <input type="checkbox"/>
A	Agitated or nervous more than usual <input type="checkbox"/>
T	Tired, weak, confused, or drowsy <input type="checkbox"/>
C	Change in skin colour, breathing or other condition <input type="checkbox"/>
H	Help with walking, transferring, toileting more than usual <input type="checkbox"/>

Any other soft sign?

Relevant medical history.....

Step 2 Check their observations (temperature, pulse, respiration, blood pressure, oxygen saturations and level of consciousness).

Combined 'Stop and Watch' and 'RESTORE2' – adapted for use in supported living accommodations for monitoring people with learning disabilities July 22nd 2019. The Health Improvement and Prevention team, Health Liaison Team (Adult Care Services), Hertfordshire County Council.






SBAR COMMUNICATION TOOL

(To Be Used In Non-Life Threatening Cases. Please call 999 In an emergency)

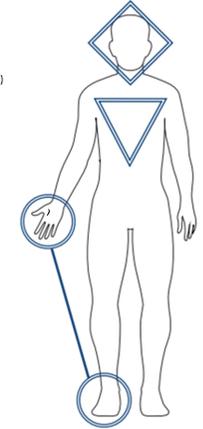
	Situation (briefly describe the situation and give a clear, short overview of the issues)	NOTES
S	<p>I am a support worker/carer at X care home (which is nursing/home nursing). I am calling about Mr/Ms X. I am calling because I am concerned that e.g. the resident is more confused or drowsy / I need advice.</p>	
B	<p>Background (briefly state the relevant history and what got you to call)</p> <p>Mr/Ms X has been a resident here for X years. Their normal condition is (e.g. alert / drowsy / confused / self-caring). Their relevant history includes (e.g. asthma, learning disabilities, dementia).</p> <p>A 'Do Not Attempt Cardio Pulmonary Resuscitation' form is / is not in place. If Yes, it is signed and in date. They do / do not have an Advance Care Plan in place. If yes, this includes X.</p>	
A	<p>Assessment (summarise the facts and give your best assessment on what is happening)</p> <p>I have found that he / she is (e.g. struggling to breathe / walk / has pain / has injured / is confused). Observations are (e.g. blood sugar, temperature, BP, urine).</p> <p>I think the problem is / may be OR I don't know what's wrong but I'm really worried.</p>	
R	<p>Request (what actions are you asking for? What do you want to happen next?)</p> <p>I now need your assistance. I would like you to visit the resident in the next xx hours AND is there anything I need to do in the meantime? e.g. repeat obs.</p>	
D	<p>Decision- (what have you agreed?)</p> <p>We have agreed you will visit/call in the next XX hours, and in the meantime I will do XX.</p> <p>If there is no improvement within XX time, I will take XX action.</p>	
Date:	Time of call:	Signature:

Adapted for use in Care Homes and Supported Living Facilities for care providers of people with learning disabilities. HEALTH IMPROVEMENT AND PREVENTION TEAM (HAPT) Health Liaison Team (Adult Care Services) HERTFORDSHIRE COUNTY COUNCIL (May 2019).

How to Recognise 'Soft Signs' and 'Signs of Deterioration' in a Resident

-A STOP, WATCH and RESPOND Approach

The Health Improvement and Prevention Team for People with Learning Disabilities
Health Liaison Team (Adult Care Services)
Hertfordshire County Council
Third Edition 2nd September 2020



Provide resources

Spot the 'soft sign' exercise

Constipation

High levels of excitement, anxiety or stress

Feeling very poorly or like something is really wrong with your body.

Being sleepier than normal or being hard to wake up.

Finding it hard to breathe or breathing very fast.

National Patient Safety Improvement Programmes

Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

Does the person show any of the following 'soft signs' of deterioration?

- = Increasing **breathlessness**, chestiness or cough/sputum
- = Change in **usual drinking / diet habits**
- = A **shivery fever** – feel hot or cold to touch
- = Reduced mobility – 'off legs' / less co-ordinated or **muscle pain**
- = New or increased confusion / agitation / anxiety / pain
- = Changes to usual level of **alertness / consciousness / sleeping more or less**
- = **Extreme tiredness or dizziness**
- = 'Can't pee' or 'no pee', change in pee appearance
- = **Diarrhoea, vomiting, dehydration**

Any **concerns** from the person / family or carers that the person is not as well as normal.

If purple signs are present, think possible COVID-19.

If YES to one or more of these triggers – take action!

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Get your message across

Client name: NHS No. D.O.B.

Raise the alert. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. Try using the SBARD Structured Communication Tool (below) to support reporting your concerns.

S	Situation e.g. what's happened? How are they?	Key prompts / decisions
B	Background e.g. what is their normal, how have they changed?	
A	Assessment e.g. what have you observed / done?	
R	Recommendation 'I need you to...'	
D	Decision what have you agreed?	

Name of person completing: Signature:

Today's date:

If you are worried about the person, don't just think about it, seek advice.

CS2201 NHS Creative 12/2011

Provide resources

Case example - Keith

Service user independently used the toilet. Carers supported Keith to learn that if his wee was ever colours 7 or 8 he must tell the staff. Keith came out the toilet one day and showed the carers his wee was colour 8. After investigation he was diagnosed with cancer of the bladder and started treatment. Without the carers supporting him to know about the colours of wee this would never have been picked up.

Hydration and Urine Colour

Quick Facts about Staying Hydrated

- Water makes up two thirds of our body.
- Even mild dehydration can affect our bodies.
- If you're feeling unwell, most of the time, it is because you are dehydrated.
- By the time you feel thirsty you are already dehydrated.

Keeping hydrated

Make sure you are drinking enough fluids to prevent dehydration and keep you fit and healthy.

You should aim to drink at least 1.6 – 2 litres (approx 6-8 glasses) per day to stay hydrated. This is the same as around 8 glasses of water.

Signs of dehydration can include

- a dry mouth or lips
- thirst
- tiredness
- headache
- dry and loose skin and dark coloured or strong smelling urine
- dehydration can be mistaken for hunger

Urine Colour Chart

Are You Drinking Enough?

1	😊	1 to 3 is normal wee 👍
2	😊	
3	😊	
4	😐	4 to 8 you must rehydrate! 🚰 That means you need to drink more water. If it doesn't become a better colour then tell someone as you may need to see your doctor.
5	😞	
6	😞	
7	😞	
8	😞	

Developed by working in partnership with people with learning disabilities. Health Improvement and Prevention team for people with Learning Disabilities (HPIPL), Health Action Research (HAR), Hertfordshire County Council, Sharncliffe.

thank you for listening

To contact the team email;

HIPLD.team@hertfordshire.gov.uk

All our resources are on the LD Nursing webpages
www.hertfordshire.gov.uk/LDmyhealth



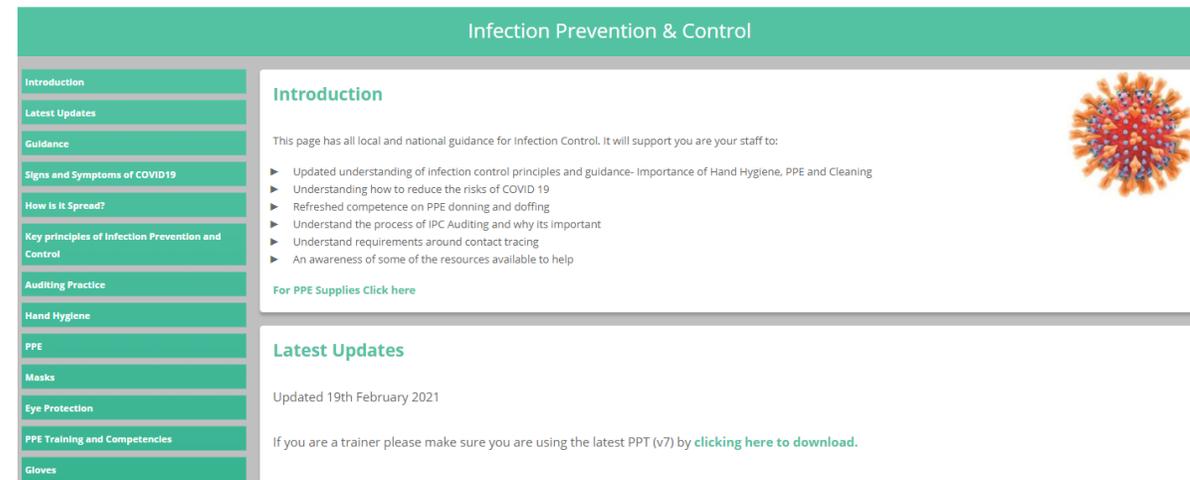
IPC and PPE- Key Themes

Are you using the right PPE?

Are all staff competent?

Are you setting the right example?

Keep up to date with
the IPC page
www.hcpa.info/ipc



Infection Prevention & Control

Introduction
Latest Updates
Guidance
Signs and Symptoms of COVID19
How Is it Spread?
Key principles of Infection Prevention and Control
Auditing Practice
Hand Hygiene
PPE
Masks
Eye Protection
PPE Training and Competencies
Gloves

Introduction

This page has all local and national guidance for infection control. It will support you as your staff to:

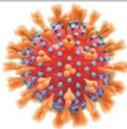
- ▶ Updated understanding of infection control principles and guidance- Importance of Hand Hygiene, PPE and Cleaning
- ▶ Understanding how to reduce the risks of COVID 19
- ▶ Refreshed competence on PPE donning and doffing
- ▶ Understand the process of IPC Auditing and why its important
- ▶ Understand requirements around contact tracing
- ▶ An awareness of some of the resources available to help

[For PPE Supplies Click here](#)

Latest Updates

Updated 19th February 2021

If you are a trainer please make sure you are using the latest PPT (v7) by [clicking here to download](#).

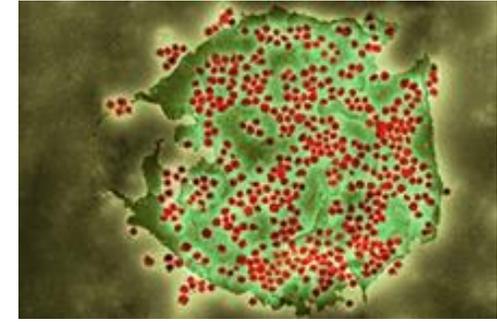


Personal Protective Equipment (PPE)

- The use of PPE is not a single measure in controlling coronavirus
- PPE is an important element of infection prevention and control, when used alongside other strategies such as
 - hand and respiratory hygiene,
 - **cleaning** and social distancing
 - Ventilating areas (even short bursts) will also help to dilute the levels of virus in the environment
- Adequate stocks of PPE should be available (it is free from the PPE portal)



Different Variants



A review of the guidance on PPE has been undertaken following the emergence of the new variants of Covid 19 (SARS-CoV-2)

The consensus is that the current evidence has confirmed that the **mode of transmission remains** the same so the current PPE worn in the non-AGP scenarios is still protective

We must continue to remain alert and wear the PPE appropriately at all times. It is important that

- You wear a disposable type IIR facemask (do not wear fabric masks at work)

- The mask must be fitted to the face , moulded over the bridge of the nose and under eyes to have a secure fit.

- Both nose and mouth should be covered

Type of Service	Personal - Care involving touching the person you are caring for or within 2m of anyone who has a cough, whether you are caring for them or not	Within 2m no Personal Care - When you are within 2 metres of the individual being cared for (for whatever reason) but not touching them	Outside 2m- When you are in the workplace and 2 metres or more away from people you are caring for or supporting
<p>CQC Registered Services –</p> <ul style="list-style-type: none"> • Residential Homes • Nursing Homes • Domiciliary Care • Supported Living 	<p><u>Non-Aerosol Generating Procedure:</u></p> <p>Gloves - Single use</p> <p>Wear gloves when providing direct personal care/ helping an individual eat etc.; and if a resident is coughing and you are within 2 meters.</p> <p>Aprons – Single use</p> <p>Wear when providing personal care and when exposure to body fluids is likely.</p> <p>Dispose of them immediately after completion of a procedure or task and after each resident, and then clean your hands.</p> <p>Eye Protection- single use or reusable (check type)</p> <p>Provides a barrier to protect your eyes from respiratory droplets and from splashing of secretions (for example of body fluids, coughing or excretions such as vomit).</p> <p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p> <p><u>Aerosol Generating Procedure- Click here for details:</u></p> <ul style="list-style-type: none"> • Gloves • Gown • FFP3 Mask – Fit tested for each model. • Eye Protection 	<p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p> <p>Risk Assessed-</p> <p>Eye Protection- single use or reusable (check type)</p> <p>Provides a barrier to protect your eyes from respiratory droplets and from splashing of secretions (for example of body fluids, coughing or excretions such as vomit).</p> <p>No apron and gloves required (unless you would normally use them for the task you are doing or person is shielding or is in isolation due to an infection)</p>	<p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p>

Type of Service	Personal - Care involving touching the person you are caring for or within 2m of anyone who has a cough, whether you are caring for them or not	Within 2m no Personal Care - When you are within 2 metres of the individual being cared for (for whatever reason) but not touching them	Outside 2m- When you are in the workplace and 2 metres or more away from people you are caring for or supporting
Non-Registered Services: <ul style="list-style-type: none"> Supported Living Flexi Care and Extra care Befriending 	<p>- <u>No requirement to wear gloves and aprons</u> unless contact involves touching the person you are caring for or within 2m of anyone who has a cough; is in self-isolation (due to suspected Covid 19 or confirmed) or is shielding.</p>	<p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p> <p>Risk Assessed-</p> <p>Eye Protection- single use or reusable (check type)</p> <p>Provides a barrier to protect your eyes from respiratory droplets and from splashing of secretions (for example of body fluids, coughing or excretions such as vomit).</p> <p>No apron and gloves required (unless you would normally use them for the task you are doing or person is shielding or is in isolation due to an infection)</p>	<p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p>
Day Services (Inside)	<p><u>No requirement to wear gloves and aprons</u> unless contact involves touching the person you are caring for such as assisting with eating or going to the toilet as per normal standard IPC precautions.</p>	<p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p> <p>Risk Assessed-</p>	<p>Type II R Fluid Resistant Mask- Single use but can be used continuously.</p>
Day Services (outside)	<p><u>No requirement</u></p>	<p>Eye Protection- single use or reusable (check type)</p> <p>Provides a barrier to protect your eyes from respiratory droplets and from splashing of secretions (for example of body fluids, coughing or excretions such as vomit).</p>	<ul style="list-style-type: none"> If staff are working outside and able to maintain two metres distancing at all times they do not need to wear a mask, but can if they wish If your service is offering no direct care support with others (such as skin to skin contact) staff shouldn't need to wear any of the other elements of PPE, such as aprons and gloves. Staff should ensure hand hygiene before and after mask wearing and if touching equipment that other individuals are also using. All equipment should be cleaned/disinfected before storing away or if others have been using If possible encourage the individual attending the service to also wear a facemask and it is important that they are encouraged to clean hands.



PPE – Non- aerosol Generating Procedures

- **Gloves** - Single use
- **Aprons** – Single use
- **Masks** (Type IIR Fluid Resistant)- Single to be worn continuously/sessional use. No exemptions for care staff
- **Eye Protection**- can be single use or reusable



If you wear reading glasses

- Glasses need to be removed safely (close eyes and look forward)
- They will need to be cleaned
- You need a flat surface to place them on and detergent/disinfectant wipes
- Surface will need to be cleaned too



Reactions or Allergies to Wearing Face Masks

In the first instance it is worth talking to staff on how they can

- improve skin hydration with taking drinks before wearing PPE and regularly during a shift
- applying a moisturiser 30 mins before.
- Have regular breaks from wearing a mask (keeping two meters distancing).
- Do not apply dressings or external coverings under the mask (the mask will no longer fit correctly)
- Relieve the pressure from face masks (when it is safe to do so)
- Check your skin for any signs of redness or breaks regularly, or at least once a day

If there are any signs of skin damage report this to the person in charge as an incident form may need to be completed

Staff may need to consult their GP

PPE- Explaining 'continuous use' versus 'reuse'

- There is no evidence to suggest that replacing face masks and eye protection between each resident would reduce risk of infection to you.
- In fact, there may be more risk to you by repeatedly changing your face mask or eye protection as this may involve touching your face unnecessarily.
- It is recommend you use face masks (and eye protection when indicated) continuously until you need to take a break or otherwise remove it (to drink, eat, at your break time or when you leave at the end of your shift), both to reduce risk to you and to make it easier for you to conduct your usual work without unnecessary disruption.

DO NOT reuse single use PPE items - There should be adequate stocks available

Safely Removing PPE

- The single use items of PPE – gloves and aprons (and visor if single use) should be removed within the resident's room
 - ❖ Do not enter the corridor whilst wearing these potentially contaminated items
 - ❖ Put on and take off PPE at least 2 meters away from people you are caring for
- Hand hygiene performed before and then after removing each item
- Items disposed of in the offensive waste (yellow/black stripe coloured bag)
- Once you have left the room (ensure the door is closed behind you if the person is in isolation)
- ALL staff (including support staff such as the maintenance/handy man) will need to have training in correct donning and doffing of PPE and hand hygiene



PPE Donning and Doffing | HCPA | Joseph Tainsh

Using PPE Safely

- you should not touch your face mask or eye protection unless it is to put it on or remove it
- make sure that your face mask always covers your mouth and nose
- do not dangle your face mask or eye protection around your neck or place on the top of your head
- Do not double glove or apply hand rub to gloves hands as this will not effectively clean hands but could lead to deterioration of the gloves and contaminate your hands

Storing PPE

- PPE needs to be stored safely to avoid risk of contamination
- Ideally gloves and aprons should be in wall mounted dispensers (strategically located within the home for easy access)
- Do not store near toilets /behind toilets
- Risk assess – if you have a resident who maybe confused and is walking through corridors review placement of PPE. You may have to look at alternative storage areas/ storage cupboards.
- Remember to include any PPE stations in a increased enhanced cleaning schedule

Aerosol Generating Procedures

Using Gowns or coveralls or FFP

2/3

- As a reminder, gowns or coveralls are only recommended where either an aerosol generating procedure is performed or they are working in a high-risk area such as an intensive care unit or emergency department.
- Gowns/Coveralls are single use items- they will need to be changed after each resident contact.
- If your organisation has decided to use PPE which is different to

the recommended items then they have a responsibility to

- ensure there is a robust risk assessment
- Adequate supplies (will be different to the supplies via the PPE portal)
- staff have been trained in safe donning and doffing practices
- Staff are competent in the process
- If using an FFP2 or 3 respirator staff should be fit tested and trained in how to fit check each time they are worn



IPC and PPE Education – Business as usual

- IPC Assurance and education starting spring 2021-
Currently under development*
- Includes:
 - ✓ IPC Lead education
 - ✓ IPC and PPE resources
 - ✓ IPC assurance toolkit to meet accreditation

New Look Provider Hub

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

Email assistance@hcpa.co.uk

Visit- hcpa.info/covid-19

Sign up for the Daily HCPA newsletters at hcpa.info/news



Introducing the brand new Member's Zone!

Visit:

hcpa.info/members-zone

The site is **available for HCPA members** access this with your login and password you received when you signed up for membership.



The screenshot shows the HCPA Members Zone website. At the top is a blue navigation bar with the HCPA logo and the text 'Hertfordshire Care Providers Association'. To the right of the logo are navigation links: Home, About, Training & Events, Academy, Recruitment, Contact, Members Zone, and Logout. Below the navigation bar is a white header area with the text 'Welcome to the HCPA Members Zone' and a sub-header: 'The Member Zone is here to help all HCPA Members access local and national resources, tools, guides, and contacts in a wide variety of areas.' Below this is a search bar with the placeholder text 'Search the Members Zone' and a blue 'Search' button. The main content area features a 3x3 grid of nine colored tiles, each with an icon and a title: 1. Red tile with a magnifying glass icon: 'REGULATION & INSPECTIONS'. 2. Dark blue tile with a gear icon: 'RUNNING YOUR CARE BUSINESS'. 3. Maroon tile with a shield icon: 'SAFEGUARDING & CAPACITY'. 4. Green tile with a first aid kit icon: 'HEALTH & WELLBEING'. 5. Purple tile with a pill icon: 'MEDICATION'. 6. Light blue tile with a clipboard icon: 'CARE PLANNING'. 7. Blue tile with a podium icon: 'HCPA EVENT RESOURCES'. 8. Brown tile with a laptop and smartphone icon: 'TECHNOLOGY & EQUIPMENT'. 9. Orange tile with a ribbon award icon: 'ADVANCED CHAMPION RESOURCES'.

New Education Programs Starting 2021

Posture Friends

Culture, enabling and independence, communication, anatomy and physiology, posture and positioning, therapeutic handling and respiratory care.

Mental Health

Awareness, positive relationships, promoting and prevention, self-harm and suicide, recovery, coaching, medication, technology, laws, ethics and safeguarding.

Group Feedback

Did you have any issues occur during covid-19 that you had not planned for and how did you **overcome** these?

The above will help us to learn and share best practice for the future.

Next Steps – Themes and solutions will be collated and a shared learning Business Continuity resource will be produced for providers to prepare for the future.

Please use the chat box to add your comments

Q&A

Provider Hub

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

